PHILADELPHIA MEDICAL TIMES.

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CLINICAL LECTURE.

NECROSIS OF THE OS CALCIS.

BY JOHN H. PACKARD, M. D.
Delivered at the Pennsylvania Hospital.

GENTLEMEN: The patient I bring before you is a little girl nine years of age. Some two months ago, she was unfortunate enough to run a nail into her foot and this wound, instead of healing promptly, as one would expect from a slight puncture, has remained open, forming a sinus. In addition to the sinus which you here see in the sole of the foot, there is another just below the external malleolus, which communicates with the first.

The fact that suppuration has continued in this wound for two months, leads us to suspect dead or diseased bone as the cause. Were this not so, the wound should have healed long ago. The two sinuses show that the trouble is not superficial; and with the expectation of finding dead or diseased bone I have brought the patient before you, intending to lay open the wound and remove from the interior whatever may be necessary.

But, first, in order to make the operation bloodless, we apply the Esmarch bandage. This we do not only to save the patient as much blood as possible, but also for our own convenience, in order that the parts may not be obscured by the blood.

The patient is now under the ether, and with the director I explore the wound. Finding it necessary to introduce my finger, I enlarge the wound slightly.

The director and my finger tell me that without doubt there is here dead bone. To get at this I now make below the ankle a right-angled incision, each arm of which is about an inch and a half in length, and then dissect up the flap. With gouge and forceps you see I am now removing considerable bone from the tarsus. I have taken away nearly all the os calcis but the posterior part, and parts of the adjoining bones; so that there is now no bone between the two sinuses; the director passes easily through. You notice that instead of simply boring out the diseased part of the os calcis, on its inferior surface, I have almost entirely removed that part of the bone.

I do this in order to avoid leaving a pocket-like cavity in the bone; the most difficult of all wounds to heal. So in every case I much prefer to take away the surrounding bone also, and thus have a broad surface. A drainage-tube is now passed through from one sinus to the other, and as the cause of

the suppuration is now removed we may count on a rapid recovery. The wound will, it is hoped, heal from within outward.

You notice that there is a marked secondary congestion in the foot and leg, just now so bloodless. This is due to the fact that the tourniquet has paralyzed the vaso-motor nerves, and they consequently allow the capillaries to become engorged. Frequently this is the cause of severe recurrent or "parenchymatous" hemorrhage in major operations; but the wound is here not large enough to give trouble.

Parenchymatous bleeding, due to vaso-motor paralysis, is sometimes so troublesome, and even dangerous, that it has brought the Esmarch bandage into disrepute among some surgeons.

THE PRESTON RETREAT.—This institution was founded by Jonas Preston, M. D., as a Lying-in Hospital for Indigent Married Women of good character. A visiting committee of respectable females is appointed annually by the managers. The powers of this committee are simply advisory; the managers having full control of the working of the institution.

The managers are specially empowered to receive funds for the relief of indigent lying-in married women or widows at their own houses, and for the support of children under seven years, while their mothers are inmates of the Retreat.

No unmarried physician or student of medicine can be admitted to the Retreat without the Managers' consent. The resident physician at present is Dr. Joseph Price, one of the rising gynecologists of Philadelphia. With the wealth of material at his disposal and the ability to utilize it, Dr. Price bids fair to make the Preston Retreat even more widely known in medical circles than it was under his predecessor, Dr. Goodell. It is a pity that the regulations of this institution prevent its being used for the instruction of nurses and students. Even if only female students were admitted, the Woman's Medical College would be benefitted by its clinical material.

ORIGINAL COMMUNICATIONS.

THE MANAGEMENT OF ECZEMA IN OLD PEOPLE.

BY ARTHUR VAN HARLINGEN, M.D.,

Professor of Dermatology in the Philadelphia Polyclinic.

(The substance of a lecture delivered at the Philadelphia Polyclinic, April 10, 1888.)

McCALL ANDERSON has well said that there are few persons who pass through life without having at one time or another suffered from eczema.

What the form may be depends very much upon the period at which it occurs. In the infant the acute erythematous, vesicular and pustular varieties are those met with, of which the well-known tooth-rash is a typical example. When we come to adult age we find the vesicular form of eczema in some cases, but rarely the pustular, and we here meet with papular eczema much more frequently. Toward middle age neurotic and gouty eczemas, the forms known as eczema rubrum and eczema fissum with ulcers on the lower limbs and chronic palmar and plantar lesions are those most apt to be encountered.

When we come to old age, by which I mean generally speaking, the period between sixty years and the end of life, we find eczema assuming a character, and invading localities, which are sufficiently characteristic to allow of separate consideration.

In the remarks I am about to make upon eczema in old people, I intend to confine myself strictly to my own experience, nor do I think that we can find much to enlighten us on this subject in the text-books or the monographs upon this subject, as it is only touched upon incidentally.

In looking over my private case books I find that I have records of between thirty and forty cases of eczema occurring in persons from sixty to ninety-four years of age. Of these, all but two were either eczema erythematosum or eczema rubrum, or both combined. These varieties of eczema then may be regarded as essentially characteristic of old age. They are in reality but two stages in the same process, and very often run into one another.

Any portion or all portions of the body may be attacked, although the eruption is commonly confined to some particular part, as the face, the scrotum, or the upper or lower limbs.

We not unfrequently encounter eczema erythematosum of the face in old people. Here we have a portion or more frequently the whole face, neck, and sometimes chest, covered as if with a mask by a dusky, red, thickened, infiltrated, scaly skin, weeping and cracking in its folds, and giving rise to a pitiable amount of suffering in the form of burning, or itching, or both.

Next to the face, in fact among my cases as frequently as the face, are the scrotum and adjacent parts the seat of the disease. Here the disease almost always runs on to eczema rubrum and we have the scrotum and penis swollen, œdematous, with the skin more or less thickened and infiltrated, dusky red, shining glassy, or varnished and usually weeping abundantly, with numerous cracks and fissures. The adjacent parts of the thighs is likewise commonly involved, and the disease may run up into the groins and over the abdomen, the appearance here presented being that of erythematous eczema with a dry, hard, scaly surface, save in the fold of the groin, which is apt to be marked by a deep, red, weeping crack or fissure.

The legs are a not unfrequent seat of eczema in old people, the disease usually beginning as erythematous eczema and quickly changing to eczema rubrum, with often a very profuse discharge and not unfrequently ulcers. Varicose veins are commonly though not always present.

As regards the etiology of eczema in old people, it must be remembered in the first place, that eczema is a disease of debility. In most cases of eczema that are at all severe, debility, a falling off from the natural vigor of the body, is observed. And the debility of old age is of that nature which particularly predisposes to affections of the skin, whether inflammatory or structural. The changes which the skin undergoes in old age, the atrophy of its upper layers and the partial suppression of its normal secretions, modify the character of many diseases, and eczema in particular. This is apt to take on a sluggish and indolent course and often proves utterly rebellious to all treatment.

Malassimilation is another cause of eczema in old persons. This is manifested by dyspeptic and gouty symptoms, obstinate constipation and loaded urine. Among the younger portion of my old patients, those not much past sixty, I find many self-indulgent persons, accustomed to the pleasures of the table and loath to give up such dishes as they have enjoyed in early life but are not now able to digest. In these cases the eczema is apt to be very stubborn, as it is difficult for the patient to go upon a restricted regimen. Repeated relapses are found to occur from indiscretions in diet.

In a certain number of eczematous old persons you will find cardiac valvular disease. The existence of this is, I think, at times an efficient cause in the production of eczema, particularly of the lower extremities, and it certainly affects the prognosis unfavorably.

In eczema of the lower extremities, venous stasis, in the form of and accompanying varicose veins, is a very common cause of eczema in old persons; and this variety of eczema is closely allied to that described above, in the fact that it is apt to be of unfavorable augury. Tilbury Fox first called attention to the circumstance which I have several times found occasion to verify, that eczema of the lower extremities in old persons is frequently the first sign of a general "break up" of the system.

Regard being had to these factors in the etiology of eczema in the aged, we proceed to the management of our cases by first instituting a careful examination into the patient's constitution, habits and surroundings. Diet, clothing, atmosphere, occupation, mental worry or physical exhaustion, every internal or external cause of impaired health should be examined into, and whatever is faulty should be corrected. I need hardly say that the condition of the digestive, circulatory and respiratory apparatus, should be carefully inquired into; the urine in particular being always examined, and I think that few cases will be found where there is not some screw loose, some defective working of the mechanism.

After placing the patient under the best hygienic conditions attainable, the diet should be regulated with regard to the enfeebled digestion of old age, the loss of teeth, the want of exercise, etc. Among the younger of our old patients, errors and indiscretions in diet, usually from self-indulgence and the morbid cravings of a depraved digestion, are often encountered. Among the very old what is often needed is advice, not unlike that which we have to give to nurses and young mothers. As the patient approaches the condition of second childhood, the diet of infancy in some respects at least seems that which is most likely to be assimilated.

Sometimes we meet with sad cases where the old man or woman is obliged to toil on far past the period when nature demands repose for the wornout frame. In other cases the worry of pecuniary embarrassment or family differences acts like a weight cast on shoulders too weak to bear the load. Unquestionably these unfavorable outward circumstances favor the continuance of eczema in the aged, even if they are not at times its immediate cause. Removal to a hospital or a home away from the unfavorable influences is often followed by immediate improvement in the eczema.

Indigestion, when it exists, is to be combatted by means appropriate to the individual case. I repeat what I said before, that in the younger of our patients, regimen is required and in addition the medicines appropriate to rectify what is amiss, while in the older patients a diet suitable to the enfeebled digestion of old age, easily or partly digested foods, pepsin, etc., are called for.

Constipation is extremely common in the eczema of old people, especially in connection with eczema of the genitals. To remedy this we must rely more upon drugs than diet. In some cases, particularly the younger ones, purgative mineral waters, especially the Hunyadi Janos, in doses of a wineglassful daily before breakfast, diluted with eight or ten ounces of hot water, may be employed. In older cases the "Lady Webster dinner pill" ("Pil. aloes et mastich") forms the best aperient.

Tonics are at times demanded. Strychnine and quinine are useful. Arsenic should be entirely eschewed. Iron sometimes appears to do much good, especially in the form of the tincture of the chloride or in combination with a mineral acid as in the well-known mistura ferri acida. When diuretics seem to be required, the well-known Basham's mixture may be employed with advantage, to which acetate of potassium may sometimes be added.

Alcoholic stimulants are occasionally required in the treatment of eczema in the aged, but must be employed with great caution, and at times certainly do harm. When there is a tendency to heart failure, alcohol must certainly be employed. Digitalis, however, will usually accomplish more in these cases when anything can be done.

The local treatment of eczema in the old is of course of great importance. Soothing remedies, as baths of starch and bicarbonate of sodium; lotions, as lead-water, black wash, may be employed with advantage. The fluid extract of grindelia robusta may be used when the eruption is inflammatory and acute. It should be employed in a diluted form, half an ounce to an ounce being mixed with a pint of water. In applying this wash, cloths soaked with it should be applied to the affected part and allowed to dry in contact with the skin, being then changed for a fresh wet application. On no account should evaporation be hindered since this would convert the evaporating dressing into a poultice, thus forming maceration and discharge, which is chiefly to be avoided.

In many cases bland astringents or soothing powders may be employed to advantage. Rye flour sometimes succeeds when other applications irritate. The simple dry starch flour, lycopodium, kaolin or subnitrate of bismuth may be mentioned as likely to agree in acute cases. None of these, as a general thing, should be used when there is much discharge. The flour and starch powders in particular are apt to cake and form a crust under which fermentation with the formation of acid discharge is apt to occur very speedily, adding much to the patient's discomfort, and often aggravating the disease.

The following powder is one which I often use as an anti-pruritic with considerable benefit:

℞ Pulv. camphoræ.....3j
Pulv. zinci oxidi.....
Pulv. amyli.....āā ʒss M

It should be thickly powdered on, or where practicable, strewn thickly on lint and bound to the parts.

Ointments are most generally useful in eczema of old persons, both soothing ointments and stimulating and anti-pruritic ointments. Among the soothing ointments McCall Anderson's bismuth ointment stands first. It is composed as follows:

℞ Pulv. bismuthi oxidi.....3j
Acidi oleici.....ʒj
Ceræ albæ.....3iij
Vaselini.....ʒj–3j
Olei rosæ.....mxiij M

Hebra's unguentum diachyli is also useful when well made. Dilute oxide of zinc ointment, ointment of the subnitrate of bismuth, a drachm to the ounce, and of tannic acid in the same strength prove useful at times.

When somewhat more stimulating ointments are called for, carbolic acid in the strength of ten to thirty grains to the ounce will be found both stimulant and anti-pruritic. Pruritus is at times a most distressing symptom in the eczema of old persons, and tar or carbolic acid will usually be found the most efficient remedy. An ointment of tar, one drachm to the ounce, may be used alone or in connection with a mercurial, as this:

℞ Picis liquidæ.....3j
Ung. hydrarg. nitrat.....3ij to 3iv
Adipis.....ad ʒj M

Sometimes when the eruption tends to papulation, or when there is much thickening, we may have to use stronger applications, as Wilkinson's ointment:

℞ Olei cadini.....
Flor. sulphuris.....āā 3iij
Saponis viridis.....
Adipis.....āā 3vj
Pulv. cretæ.....gr. xxvi
M.

With one of these local applications or all in succession if required, you will usually be able to give relief to your elderly eczemative patient and occasionally to cure him.

SEWERAGE AND DRAINAGE, WITH BRIEF REFERENCE TO DISPOSAL OF THE SEWAGE OF PHILADELPHIA.

BY J. M. ANDERS, M.D.

THE disposal of sewage is a question of prime importance to the inhabitants of cities. "Filth and disease go hand in hand, the former leading the latter." Practical illustrations of the injurious effects of filth are found in certain countries of Southern Europe, notably Italy, where the cholera and other deadly diseases largely prevail. Conversely, cleanliness forms the most potent of precautionary measures against a large class of epidemic diseases; and cleanliness implies purity in the air we breathe.

On examining the question historically, we find that the processes employed to remove sewage have been and still are manifold, though at present writing we shall consider only the most approved systems in general, and the method used in Philadelphia somewhat in detail. Sewage matter is made up of such various substances as surface water due to rain-fall, kitchen-waste, dust, the discharge from sinks, basins, baths, the waste-water of industrial processes and excreta, including the urine and fæces.

In the days of the old-fashioned privy with its vault, the surface water and all slop-water were allowed to soak into the surrounding soil, or to find their way through superficial channels into the nearest streams, or into the sea. By a considerable proportion of the American populace this objectionable device is still used; and a recent writer[1] attributes the practice to the popular belief in the supposed powers of the soil, or of the roots of plants which may be present, for purification and disinfection, The limited action of the soil upon the refuse products which befoul it, is well expressed by Prof. Max von Pettenkofer[2]. "If this refuse matter," he tells us, "remains in soil destitute of growing vegetation, further decomposition sets in,

[1] "House-waste," by E. H. Philbrick, M.A., S.C.E., Parkes' Hygiene, Vol. II., p. 475.
[2] "Hygienic Influences of Plants," *Popular Science Monthly*, Dec. 1878.

and other processes are induced, not always of a salubrious nature, but often deleterious, the products of which reach us by means of air or water, and may penetrate into our houses. Owing to the strong absorbing powers of plant roots, they exercise upon the soil a purifying influence of no slight importance. Living vegetation sucks up many of the waste products, which must be regarded as hurtful, and would otherwise be returned in the form of vapor to the superjacent atmosphere. There is no positive proof, however, that disease-producing germs are thus actually removed from the superficial strata."

Whilst the privy is here mentioned, to be condemned, the more modern water-closet with its cess-pool is to be placed in the same category. According to Vaughn,[1] the ordinary privy vault, with its porous walls, has caused more deaths in this country than war and famine have produced. The chief danger arising from the cess-pool is infection of the drinking-water with the germs of contagious diseases. Indeed, privy-vaults and cess-pools are the origin of most instances of typhoid fever. In certain European cities, cess-pits are prohibited[2] altogether, and unquestionably their use should, for sanitary reasons, everywhere be forbidden by legislative enactment. In Philadelphia, happily, no privy-vault or cess-pool shall hereafter be constructed where sewers are at all accessible.[3]

As a mode of removing the excreta, the dry-earth closet may be recommended under certain conditions, per example: in towns and villages where the water supply is insufficient; in those sections of larger cities where sewers are impracticable, as well as in separate buildings. From a sanitary point of view the dry-earth closet is more desirable than any other known system, though demanding close attention. It presents two advantages of prime importance, namely: no harmful gases are produced, and no contamination of the drinking-water supply occurs. While there are many patterns of the dry-earth closet, the simplest of these is the best. Prof. Vaughn[1] recommends placing under the seat boxes or drawers lined with galvanized iron. The best earth to use is pulverized clay mixed with one-third its weight of loam, and of this compound a small shovel, about two pounds, is thrown in after each evacuation. Where greater convenience is sought, any one of the forms of the patent earth-closet, which are so arranged that the requisite amount of earth falls into the box in a manner similar to that by which the water-closet is flushed with water, may be used. This method is now largely used by the inhabitants of small towns and cities, and in isolated institutions throughout the Western States, with good results. These dry-earth closets, properly attended, require to be thoroughly emptied at least once a week, and the excreta removed. In Glasgow, the excreta from one part of the town, containing eighty thousand people, are now removed every day without admixture, except with the garbage from the houses, and are sent long distances.[2] In the city of Manchester, the dry method in the form of an ash-pit and a privy, is used extensively; and the same thing is true of the central portion of the city of Edinburgh.[3] Doubtless this method affords the best opportunity for utilizing human excrement for purposes of soil-fertilization, at a profit.

It is to be noted here, that sewage without admixture is quite prone to undergo decomposition; hence, it cannot be allowed to remain, even for a short period in the vicinity of human habitations, without endangering the lives of the inmates. Speedy removal of this compound, more particularly of the excrementitious elements which not unfrequently contain the specific germs of disease, is therefore to be secured. Now, the best device for carrying away sewage is the well-known "water-carriage system," by which method the sewage, to which has first been added a considerable volume of water, is transported by gravitation. Of this "water-carriage system" there are two well-known forms, viz.: the "combined" system with a

[1] Lomb Prize Essay, p. 17, 1886.
[2] C. Hering, *Med. Times*, Feb. 25, 1882.
[3] Act of Assembly, June 30, 1885.

[1] *Loc. cit.*, p. 16.
[2] "Parkes' Hygiene," Vol. II, p. 46.
[3] *Journal of Amer. Med. Association*, March, 1888.

single set of sewers, having sufficient capacity to convey both the storm water and foul sewerage; and the "separate" mode, which has a distinct net-work of pipes to carry off the rain-fall. This latter system presents three varieties, which need not here be described, however.

The advantages and certain disadvantages of the "combined" system are admirably given by C. Hering,[1] in his report on sewage works in Europe, forming Supplement No. 16, of National Board of Health Publication. Among the sanitary advantages he enumerates the cleansing effect of more or less frequent flushing by storm-water, and the much better opportunity afforded for cleansing and inspection. The advocates of the "separate" method, he tells us, have raised the objection that the unequal rapidity of the flow during storms and fair weather, leads to deposits which choke up the conduits, although this disadvantage can, he maintains, "be overcome by building the sewer of an egg-shape in section, and of such a size that the invert radius is about as small as the semi-diameter of a tube which would be half-filled by the average current of sewage without any rain-water."

A chief advantage of the "separate" method lies in the fact that the sewers intended for transporting the human excreta, have smooth inner surfaces and need only be large enough to convey the regular flow of sewage; and on this account, are self-cleaning. The small sewer-pipes are also connected with flushing tanks, by means of which they are periodically flushed. The large sewers of the "combined" method are found to present rough surfaces, and they are flushed only at the time of heavy rain-falls. The deposits on their inner aspect decompose, forming noxious gases, which escape through ventilators into the street or through defective traps into dwelling-houses. The "separate" system is usually regarded as the proper one for small towns, partly because under these circumstances, less costly than the "combined;" and partly because it is somewhat complicated in its application to larger cities, owing to the fact that two sets of sewers are required. It has been introduced successfully at Memphis, Tenn., and Newport, R. I.; while New Orleans has also adopted it.[2] Against the "separate" system, the argument has been adduced, that the flushing of the waste soil-pipes is subject to natural phenomena or the irregular action of rain-fall, and not to the control of appliances, as are smaller systems of pipes conveying the sewerage proper. Whilst kitchen waste and the products of surface drainage in general are injurious, and should be properly disposed of, by far the most dangerous element of sewage is human excrement, more especially after decomposition sets in, which usually happens in the course of twenty-four hours; and also for the reason before pointed out, that it contains rather frequently the germs of certain diseases. The micro-organisms of typhoid fever, as shown by a large mass of evidence, are propagated in and communicated through the medium of the fæces—a fact which explains why cess-pools and privies are so frequently responsible for cases of this affection. It follows that, by removing promptly this matter to a point beyond the power of harm, typhoid fever would be practically unknown; and hence the universal adoption of the "separate" system by means of which the same object can be attained, would go far toward stamping out this now prevalent affection. Further than this, where the superficial area to be drained is very extensive, two sets of sewers should be employed, not only because the sewage could in this manner be more effectually and promptly disposed of, but also because, if the combined plan be used under these circumstances, the inflow of the storm-water compresses the air in the sewers, thus driving the sewer-gas through the traps into the dwellings, with consequences decidedly serious. The *N. Y. Medical Journal* has recently pointed out the fact that, since Letheby's report on the subject in 1858, it has been known that the air of sewers is not of itself usually deleterious; that scavengers and men who work in sewers are generally healthy and long-lived, plumbers seldom die of zymotic disease, and that sewer-rats

[1] Loc. cit., p. 356.

[2] "Sanitary Drainage," Col. G. Waring, Jr., *North Amer. Review*, July, 1883.

grow gray in their subterranean quarters. In this connection the experiments of Prof. Thomas Carnelly and J. S. Halldane, M.B., are of special interest. They found the air of large sewers ventilated by means of man-holes, to be comparatively free from noxious gases, containing proportionately fewer micro-organisms than the outer air of the same locality. Thus they demonstrated to their own satisfaction that most of the micro-organisms found were not developed within the sewer, but drawn in from the outer air. But though the air of sewers is generally innocuous, the most enlightened information on this subject forces the conclusion, that old deposits on their inner aspects render the sewer air highly dangerous. The same observers have shown that deposits around holes in the pipes or open joints, as the result of decomposition and emanations from these slimy surfaces, frequently cause actual disease.

In the present inquiry, then, the paramount consideration is the attainment of thorough cleanliness, thus avoiding the occurrence of deposits, and whilst this object is easily attained where there is perfection of construction, it is manifestly impossible in the presence of holes however small; for, as pointed out by Carnelly and Halldane, such openings allow the fluid sewage to spurt through and deposit around the holes on the exterior. Obviously, therefore, it is of especial sanitary importance to secure the best possible construction of house-drainage, if we would avoid one of the principal causes giving rise to a class of fatal diseases. But surely the ways of the plumber are past all finding out. The habit universal among plumbers of concealing their work should be condemned. Especially is it important that all traps and vertical pipes should be readily accessible, in order that they may from time to time be examined.

In view of the foregoing facts, and the freshly awakened interest in the sanitary regulation of cities, the present would seem to be an opportune season for making an examination of the present condition of the drainage of Philadelphia, with a view of directing attention to some of its more obvious advantages, if any, as well as its acknowledged defects.

Philadelphia presents an example of the "combined" system, though imperfectly. Investigation has shown that in the southern and northeastern section of our city, the greatest and most numerous defects exist. In numerous instances the refuse matter from water-closet, sink, basin and bath are found to have a single trap in common. In some of the older and better class of dwellings, occupied by wealthy citizens, I am informed by a leading practical plumber, untrapped house-drains have been found. Very often costly and complicated appliances are met with, which are always objectionable for the reasons that they neither answer well the purpose for which they are intended, nor can they be kept in proper order. In numerous instances the house-drainage discharges into cess-pools or privy-wells, which are located either in the back yard or cellar. Again, quite frequently the sink and slop-water flows over the surface of the paved passage-way between two adjacent houses, or is allowed to flow across the side-walks; in either case stagnating in the street gutters. Mr. Baldwin (quoted by Col. G. Waring, "The Drainage Question in Phila.," Phila. MEDICAL TIMES, June 27, 1885,) has most faithfully depicted some of the leading faults met with in our house-drains. "A privy vault in the back yard serves to accommodate the occupants of the house, or to receive the drainage from water-closets, if any, in the upper stories. The vault is washed out by rain-water led to it from as much of the roof as inclines toward the rear. A terra-cotta or earthen-ware pipe, from 8 to 12 inches in diameter, serves as an overflow to carry away the liquid contents of the vaults, passing under the cellar, buried about one or two feet in the ground. The waste-pipe from the sinks on each floor connects with and discharges into the main drain-pipe, beneath the cellar. A hydrant in the back yard affords a supply of water for all purposes, principally for the laundry. * * * Beneath the hydrant is a slop-stone, with an iron grating through which the waste from the hydrant, the drainage from the yard, and the water from the wash-tubs, pass underground to the same

house-drain beneath the cellar. This is the common practice of drainage, where houses present a solid front on the street and have no means of drainage to the rear. It may be seen in much of the older part of the city, and in fact all along the Delaware front below Fourth St., and elsewhere." During seasons of heavy rain-falls, a few of our main sewers, which are not less than ten feet in diameter, have repeatedly burst, thus proving themselves inadequate to convey the storm-water, at all times; and although all the main sewers now put down are egg-shaped, possessing the advantage of being to a great extent self-cleansing, still the vast majority are of the old circular variety, with their inner surfaces more or less roughened by deposit, and are on this account objectionable also upon sanitary grounds. The old sewers are also very imperfectly constructed, being "built of a single four-inch ring of brick, the lower half of which is generally laid without mortar," allowing liquid parts of the sewage to pass into the soil, until it becomes saturated. Our sewers are not sufficiently ventilated, while the so-called inlet basins serve as repositories for filth which is only occasionally removed. The above defects together with inferior workmanship constitute influences which combine to give us a system of drainage having many imperfections, some of which are of a decidedly serious character. Within the past two years, forces have been gathering however, with the aim of securing better sanitary regulations in Philadelphia. In 1885 an act authorizing and directing the boards of health in cities of the first class to promulgate rules and regulations for the construction of house-drains and cess-pools; to provide for the registration of master-plumbers, as well as to establish a system of inspection over all work, was passed by the legislature of Pennsylvania. Under the powers vested in the Board of Health of Philadelphia, by the said act, a series of not less than forty-one (41) rules has been issued by that body; and whilst to adduce all these is deemed unnecessary here, it should be remarked that their rigid enforcement would to a large extent correct the imperfections and omissions before pointed out, so far as appertains to the subject of house-drainage. There are a few suggestions not given in the rules referred to that seem to be of such leading importance as to demand brief mention.

Under rule 28, it is stated, "The trap" referring to water-closets, etc., "must be placed as near the fixture as possible." Now, as already intimated, water-closet traps should not be hidden from view, "in order that they may at all times be conveniently inspected." In rule 39, the following occurs: "No privy-vault or cess-pool for sewage shall hereafter be constructed in any part of the city where a sewer is at all accessible"—a good rule so far as it goes, but why not abandon the abominable cess-pool altogether, introducing the dry-earth closet where connection with sewers is impossible, since the latter form of closet can now be made sufficiently convenient for general use. But whilst the sanitary regulations announced and carried forward by the Board of Health are measures well adapted to improve greatly the house-drainage, and this is to be regarded as an important first step in bringing about much needed reform, they do not materially change the general system of sewerage—a question to which Philadelphia should even now be looking.

The superficial area of Philadelphia is greater than that of any other city of America, it being not less than 82,603 acres, or about 129 square miles. The surface of the main portion of the city, or that lying between the Delaware and Schuylkill rivers, is almost level; and yet this part lies from 20 to 40 feet above tide water. Some of the northern and western sections are somewhat rolling, reaching an elevation of about 440 feet above the sea-level. "The rise and fall of the tide in the rivers is over six (6) feet[1];" and although Philadelphia extends over a large area, it is to be noted that it is rapidly integrating; so that any system of sewerage adopted at the present day, should be selected with a view to meeting the demands of future growth and extension. There are in Philadelphia quite a number of main sewers, each

[1] Waring, loc. cit.

draining a distinct, though variable in superficial area, and the majority of these discharge their contents into the Delaware river, and at least three into the Schuylkill. Moreover they empty into these waters at points directly adjacent to densely populated portions of the city, with perhaps one or two exceptions. And although since the completion of the large trunk sewer, which it is hoped will convey all the sewage from Manayunk and its environs to a point below the chief source of Philadelphia's water-supply, still upon sanitary grounds, the mere contamination of contiguous waters, by the vast amount of foul sewage which this city constantly produces, is objectionable; for whilst the albuminous matters present may be rapidly rendered innocuous by oxidation, there are no facts to show that the germs of disease are destroyed in like manner.

With a view to counteracting a similar evil, London has already spent thirty millions of dollars for intercepting sewers and pumping stations, but with unsatisfactory results. In short, experience has taught us that the immense sums of money expended in the construction of these large trunk sewers bring only a poor return. The question, how to keep the foul out-flow out of adjacent waters, remains to be solved by Philadelphia and other cities. The common system of sewerage employed in Philadelphia, it is contended by some high authorities, is the best under existing conditions. In reference to this view, it is to be said that if all sewers were egg-shaped it might be accepted; but, as before pointed out, nearly all are round and hence objectionable. Where all drainage is united, as in Philadelphia, to replace all the old brick sewers with egg-shaped ones would require untold labor and expense. Under all the circumstances, the "separate" system would be feasible and for many good reasons preferable. The old sewers should be utilized to carry away all sewage other than excrementitious matter. Were this plan adopted, we should still be obliged to recognize the great advantages of the egg-shaped sewer for conveying the surface drainage. Without stopping to discuss this proposition further, it seems desirable to re-state the chief claims of this admirable system, more particularly with reference to the needs and present condition of Philadelphia sewerage.

First.—It separates the more dangerous elements of sewage from the larger portion of refuse products and storm-water—a point of the first importance in the minds of the leading sanitarians.

Secondly.—It accomplishes the speedy and effective removal of the more hurtful portion of sewage before putrefactive decomposition can take place, and consequent contamination of the house atmosphere.

Thirdly.—The removal of the sewage constituents other than human excrement, though harmful if allowed to decompose, can yet be more safely left to the old sewers, which would continue to be flushed by the same natural agencies as those of the present time.

Fourthly.—The fact that the superficial area is already extensive and constantly increasing, while some of the sewers are even now inadequate, furnishes additional basis in favor of the adoption of the system here advocated.

Fifthly.—By utilizing the old sewers, the "separate" system could be introduced for a moderate outlay, while the benefit derived by the community would be an ample return.

ARM PRESENTATION—AN UNUSUAL CASE.

BY F. O. DONOHUE, M. D.,
Syracuse, N. Y.,
Physician to St. Joseph's Hospital.

THE tendency of complicated labors is to be very complicated, as the following case which came recently under my observation will illustrate. I have been constrained to present the details, because in a somewhat extended obstetrical experience I have met few cases which were to me of more interest, not less on account of its complicated nature than of the extraordinary vitality exhibited by the patient under prolonged adverse conditions.

On the 24th day of August, about eleven o'clock in the forenoon, Dr. —, a most excellent physician of this city, summoned me by telephone to assist him in a case of labor over which he

was then officiating. Upon repairing to the house, which was about one and one-half miles distant, I found the following conditions: A stout healthy looking lady about forty years of age in the throes of her first labor. An examination revealed the left arm of the child presenting palm upwards. The head was in the left iliac fossa face upward. The liquor amnii had entirely drained off; pains were frequent and powerful. The left shoulder was firmly impacted in the pelvic strait. After a hurried consultation we agreed that turning should be resorted to immediately, although I confess that the outlook to me for the operation of version was anything but encouraging. However, we placed our patient under the influence of ether and endeavored to perform version, but so firmly had the uterus contracted about the child, which was also firmly impacted and crammed into the pelvic strait, that all our efforts proved futile. The question now resolved itself into embryotomy, to which there was no alternative as the child was now dead from the enormous pressure to which it had been so long subjected. We would gladly have shrunk from the operation, for we foresaw that in the delicate manipulations required in the mutilation of the child in utero, we would be called upon to perform the most formidable operation known to obstetric surgery, and we looked forward with no little degree of solicitude for our patient.

Entrusting the administration of the anæsthetic to my colleague, I proceeded to amputate the presenting arm at the shoulder-joint by a series of snipping movements with the point of a bone forceps. This done the other arm after much difficulty was brought down and subjected to the same process. The advantage thus gained was the clearing of the pelvic strait of the obstructing members.

The next procedure was the penetration of the thoracic and abdominal cavities and evisceration of the child, then a transverse section of the spinal column in the dorsal region; the lower part of the child was delivered. The head was subsequently brought down and the delivery completed, the operation lasting from 11.30 A.M to 3 P.M.

Our patient made a rapid and satisfactory recovery, her convalescence taking place without any untoward event.

I fancy some will remark that version should have been performed earlier, to which I shall agree, provided the physician be called in time.

My friend, Dr. ——, informed me that the condition which I found was substantially the same as when he first saw her, she having been in labor since 5 o'clock A.M. Certain it is that her condition was such when I saw her as to preclude all possibility of turning, and embryotomy was resorted to as the safest means of accomplishing the delivery.

Those who have been called upon to perform this operation will agree with me in saying that all other obstetric procedures are easy in comparison. The operator must be guided solely by the sense of touch, guarding seduously the maternal structures from mutilation, with little latitude of motion allowed by the narrow confines of the parturient canal. Fortunately we are rarely called upon to perform this operation, as statistics show that arm presentations occur only about once in 300 labors, and a very large proportion of these can be converted into podalic presentations, by timely interference of the accoucher.

PUSTULAR ECZEMA.—For a case of chronic pustular eczema in a child of about two and a half years, Shoemaker prescribed:

R. Extracti hordei fluidi.....℥iij
Syrupi phosphat. com.....℥j
M. SIG.—Half-teaspoonful ter die.

And an ointment of—

R. Creasoti.....gtt ij
Hydrargyri chloridi mitis...gr v
Naphthalin.....gr v
Plumbi carbonatis impur.....℥ j
Ung. zinci oxidi.....℥ j
M. SIG.—Apply locally.

As in most of these cases of crusta lactea, there is digestive trouble, Shoemaker prescribes an almost exclusive milk diet. This was ordered in the present instance.

HOSPITAL NOTES.

QUINSY.—Pancoast showed a case of acute tonsillitis, for which he applied the antiphlogistic knife to the affected organs, and directed the patient to steam them well. Take an ounce of tinct. of myrrh, a pint each of water and of vinegar, boiling hot; throw a towel around the patient's head, and let him inhale the steam until he is in a profuse perspiration. This is very soothing to the inflamed mucous membrane.

NASAL CATARRH.—Pancoast advises the following as very useful in acute or chronic catarrh:

Borax	℥ ss
Tincture of myrrh	℥ ss
Honey	℥ ij
Infusion of cinchona, q. s. ad	f℥ iv.

M. S.—A little to be poured in a cup of cool water and snuffed up the nose occasionally.

FOR ANEMIA WITH CONSTIPATION:

℞ Elix. cinchonæ.....
Sp. aromatici.....āā part aq.
M. S.—f℥ j to f℥ ss several times daily.

℞ Ext. ignatiæ amaræ.....gr. ¾
Quininæ sulphat.....gr. ij
Capsici pulv.....gr. ½
M. ft. pil. S.—Thrice daily.

A little carbolic acid may be added if the stools be fetid.—PANCOAST.

UNIVERSITY HOSPITAL.—Pepper reports the expulsion of tænia solium with head. The following was the procedure: The patient fasted during the day and took a saline purge in the evening; the next day f℥ij of oleo-resin of male fern was given, rubbed up with sugar, at 7 A.M., 8 A.M., and 10 A.M. With the last dose a saline purge was given. He says it is useless to trifle with smaller doses of male fern.

IMPERFORATE ANUS.—In Agnew's case the rectum opened into the vagina and the lack of an anus had not been suspected for some months. A director was passed through the opening into the rectum, and made to project the dimple which marks the site of the anus. This probe was cut down upon by a dissection nearly two inches deep. The mucous membrane of the bowel was then attached to the skin by a suture of catgut in front and another behind. Prof. Agnew hoped that the opening into the vagina would close spontaneously, but a subsequent operation might be required. The baby was shown three weeks later with the artificial anus contracting, requiring dilatation by soft rubber catheters.

ACUPUNCTURE IN LUMBAGO AND SCIATICA.—Pepper strongly recommends this little operation, which savors so strongly of empiricism. It should be done aseptically and the needles, or rather strong steel pins, rather less than half the diameter of steel knitting needles, should be thrust to the bone. His theory as to the relief often afforded is, that the inflammatory exudation confined by dense fibrous structures, and which causes the pain, is drained off by the punctures.

RHEUMATOID ARTHRITIS.—Osler recommends arsenic in the form of Fowler's solution. He begins with gtt. ij–iij thrice daily, gradually increasing to the limit of tolerance, as shown by diarrhœa or slight ophthalmia. He has given 35 minims three times a day without bad results.

HEPATIC CHILLS.—Osler showed the liver and duodenum from a well-marked case of Charcot's hepatic intermittent fever. A gall stone about three-quarters of an inch in diameter was impacted at the mouth of the common duct. The patient had chills and a temperature of 104° F., at irregular intervals, followed by marked jaundice. Prof. Osler regards these attacks as analogous to those caused by the passage of an urethral instrument.

IRRITABLE BLADDER.—Goodell gives from 30–40 grs. of asafœtida per day. He has had incontinence after dilatation of the urethra by the finger in only one case. This patient loses two or three drops only, when she laughs or sneezes, but thinks nothing of this.

ANTISEPTIC LITHOTRITY.—Agnew observes strict antisepsis during lithotrity, using boric acid lotion to distend the bladder and keeping the instruments in antiseptic solution. After the operation he orders a flax-seed poultice to the hypogastrium, a suppository of belladonna and opium, and requests the patient to refrain from urinating as long as possible.

SCROFULOUS ABSCESSES.—These Agnew evacuates, removes all broken down tissue with curette and scissors, ligates bleeding points, inserts a drainage-tube. After sewing up the wound he applies the usual antiseptic dressing.

MEDICO-CHIRURGICAL HOSPITAL.—After an attack of syphilitic laryngitis, the vocal cords rarely regain either their normal color or smoothness; and if the patient has a singing voice, his voice will never again be as clear, or have as high a compass as before.

Iodide of potassium will seldom relieve superficial syphilitic laryngitis, but the iodides of mercury will remove the trouble, sometimes with almost startling rapidity.—*Stern.*

CHRONIC ECZEMA.—A case of general eczema was shown, contracted during the war. From head to foot the man's skin is rough, scaly and indurated. For some time he has been treated by the mouth, but his alimentary canal is in so poor a condition that medicine by that route seems not to get into his system. This is the class of cases in which hypodermatic medication often succeeds where everything else fails. He was ordered nothing but hypodermatic injections, every other day of gr. $\frac{1}{10}$ arsenite of sodium; the dose to be gradually increased to gr. j.

MILK DIET.—In prescribing a milk diet principally, the milk should be taken between meals, when regular meals are taken; and at any rate the milk should be given in small quantities at a time, in order to be the more easily and quickly taken up by the lacteals.

Quinine is a most valuable tonic for children, and is not prescribed enough. In this case he gave:

℞ Ferri et quininæ citratis.....℥j
Syrupi aurantii corticis.....℥iij M.
Sig.—Teaspoonful three times a day.

Predigested foods are also of much value in cases like this.

MAGNESIA DANGEROUS.—Stewart advises against the giving of dose upon dose of carbonate of magnesia, when it fails to purge.

It is likely to make a dangerous stone-like impaction in the intestine. He has known several cases of death from this cause.

"OBSTETRICAL APHORISMS."—*Stewart.*—In cases of post partum hemorrhage, where the patient is dangerously weak from loss of blood, do not neglect, along with other measures, to elevate the foot of the bed so that the brain may more easily receive blood.

Alum, ℥j to the pint, is a cheap and good wash for excoriated nipples; so is tincture of catechu. If the excoriation is very bad, try arg. nit., gr. vj. to the ounce of rosewater. Have the nipples washed though, before the child is applied. Protect the nipples with a shield from being rubbed by the clothing; and if these measures are not sufficient, have the nipple covered by a shield while the child is sucking.

Within forty-eight hours, or the so-called "three days," you may have milk fever. The temperature may rise even as high as 103° or 104°. This fever can usually be avoided by keeping the mother on mild unstimulating diet for the first three days after childbirth.

In treating this fever, I have found that a continuation of saline purgatives will much decrease, or perhaps stop the flow of milk.

Accordingly I use other preparations—compound licorice powder, a good ℥ to the dose; or, better still, castor-oil. When the milk is deficient, cocoa in some form is generally of good service to increase the flow.

PHILADELPHIA HOSPITAL.—RESECTION OF KNEE.—Dr. Deaver resected the right knee-joint for a case of chronic arthritis, of the kind known as the "gelatinous." The skin was incised through about two-thirds of the circumference of the joint, just at the inferior border of the patella. After the skin had been dissected well back, the various ligaments were divided, till everything was cut down to the popliteal vessels. With a so-called "butcher's" saw he removed both the condyles of the femur and the head of the tibia, sawing from below up, in order to avoid the danger of wounding the popliteal vessels by a sudden slip of the saw. He also took away the patella. The opposing ends of the two bones were much softened and ulcerated, and it required only a

few sweeps with the saw to cut them off. The articular cartilage had been entirely absorbed. The ends of the femur and the tibia were cut off above and below the line of epiphyseal junction, respectively.

This is a very important point in the growing bones of children, in order not to interfere with the lengthening of the limb; but it was not so important in the present case—that of an adult.

The bones were then opposed, but not fastened together. A drainage-tube was put in the most dependent part of the wound, not passing between the ends of the bones. Strands of catgut were also laid along the upper surface of the junction between the bones. The soft parts were stitched together with alternate sutures of silver wire and silk thread; and the limb, after being dressed, was placed in an "Ashhurst" splint, a long support made of heavy wire, so arranged that the dressing can be changed without removing the splint. In this splint the limb will remain for four weeks, after which a plaster of Paris bandage will be applied and left on for two weeks longer. The patient will then be allowed to go about on crutches till the healing is completed.

Four days later the patient's temperature was normal, and she said that the leg gave her no pain.

Dr. Deaver did not use the Esmarch bandage in this operation, on account of the danger of consecutive hemorrhage, from vaso-motor paralysis due to the pressure upon the vaso-motor nerves by the Esmarch tourniquet.

Uterine Hemorrhage in Pregnancy. —*Parish.*—Case of hemorrhage from the uterus in a woman eight months pregnant. Whether a case of placenta previa or not, Dr. Parish said that the proper treatment here was to put the woman to bed and keep her there, and not allow her to rise from it for any purpose whatever. He advises a physician who has a case of placenta previa or suspected placenta previa on hand, to provide himself with a Barnes's dilator. In a dangerous hemorrhage, this will not only dilate the os for delivery, but will also act as a tampon.

It is not well to keep a dilator in the office as you keep other instruments, because the rubber loses its elasticity in about two months, and is then useless.

If you have no dilator, use the tampon; though of course only when absolutely necessary. He does not approve of absorbent-cotton for tamponing, as recommended by Parvin; for he says that the cotton, on account of its great attraction for fluids, is likely to favor the hemorrhage rather than to check it.

For his own part, he prefers a long strip of muslin or linen, such as an ordinary roller bandage, soaked in bi-chloride. Especial care should be taken that the material is tightly packed around the os; then the vagina is to be filled; and finally external pressure kept up by a T-bandage.

If in delivery it be necessary to perform version, give an anæsthetic, in order to relax the uterus, and thus avoid the laceration of it, otherwise almost certain.

After delivery, hypodermic injections of ergot, injections into the uterus of hot water, or even a styptic applied to the internal surface of the uterus, will stop the bleeding if the inertia of the uterus is too great for proper contraction.

Neurectomy for Neuralgia Mammary Cancer.—Pancoast resected the supra-orbital and the supra-trochlear nerve of one side for neuralgia. He also removed the right breast of a woman for scirrhous carcinoma.

The next day Goodman removed the left breast of a woman for a similar cause. This woman had spent two years and two hundred dollars under treatment by some old woman quack, a so-called "cancer doctor."

At the time the growth was removed, the breast was much inflamed from the treatment; and during the two years the patient had suffered tortures from the irritating plasters.

Rheumatic Endocarditis.—*Walker.* —Dr. Walker exhibited a woman of 25, who had just passed through an attack of articular rheumatism. She has a high-pitched mitral systolic murmur, showing slight regurgitation, from endocarditis. The attack of rheumatism was successfully treated with salicylate of soda, and the pain has been gone for some time.

He brought the case before the class in order to impress upon them the fact that patients suffering from articular rheumatism were often allowed to leave their beds too soon, in many instances to their lifelong danger and discomfort; and also that the medicine should be kept up a considerable time after the trouble had apparently left. The patient would be kept strictly in the recumbent posture, one that is most favorable to the closure of the valves; and he hoped to remove the most of, if not all, the mischief.

Endocarditis rarely follows an attack of rheumatism involving a single joint; but is the rule with polyarthritic attacks.

He showed several cases of rheumatoid arthritis in more or less advanced stages of deformity.

With regard to this disease, he remarked that arsenic leads all remedies in value; but that in a patient over forty or fifty years of age treatment of any kind is usually of little avail.

Last November he had a case of rheumatoid arthritis in a young person, on whom almost numberless drugs had been tried with no permanent effect. He gave five-drop doses of Fowler's solution, and in two days marked improvement was noticed. Since that time there have been only two insignificant attacks, so slight, in fact, as almost to allow him to say that the patient has been free.

Massage, electricity, faradic or galvanic, baths, and the like, are each beneficial in some cases, hurtful in others. Experiment alone will tell.

REFLEX NEURALGIA OF THE FIFTH.—Garretson relates the case of a naval surgeon, who for two years suffered the most excruciating tortures from a neuralgia extending just along one side of the longitudinal sinus of the dura mater. Garretson gave him instant relief by extracting one of his lower bicuspids. Some years ago, Garretson had discovered a small branch of the fifth pair of nerves that passed back just in the line of the surgeon's pain; so he at once suspected a reflex cause, and found it in an irritating tooth.

When a patient comes to you complaining of œdema of the prepuce, without local disease or injury, or œdema elsewhere, look for Bright's disease—the cirrhotic form.—*Waugh.*

WILLS EYE HOSPITAL—*Keyser.*—For a case of *phlyctenular conjunctivitis*, Keyser prescribed this ointment.

℞ Hydrargyri oxidi flavi.....gr. ½
Adipis benzoati.....℥j

A case of *paralysis of the right external rectus* came before him a short time since. A specific origin was suspected, and the man was put on doses of gr. v. iodide of potash. In a week the justness of the treatment was proved by the removal of the trouble.

A NEW ANTISEPTIC.—Keyser considers the new antiseptic, silico-fluoride of sodium, as the best in treating the eye. He uses it in his cataract operations, and also in gonorrhœal ophthalmia, instead of boric acid; and finds it much more rapid and certain in its action. The solution used is a saturated one—gr. ½ to the f℥.

FACIAL EPITHELIOMA.—Keyser has good success in treating epithelioma of the face with powdered chlorate of potash. It is kept constantly applied to the spongy growth and the irritation thus set up effectually removes the growth. This is of use only where the growth is soft.

CALOMEL is good in all phlyctenular troubles; but do not use it in phlyctenular keratitis during the stage of severe inflammation. Dust the calomel in the eye, and with the finger gently roll the lids over the ball, till tears are started. If you stop short of this, the calomel will cake in the eye.

ABDOMINAL SURGERY.—In cases of removal of the ovaries, Montgomery prefers braided silk ligatures for ligating the pedicle, as he is then certain that the ligature will remain on long enough to avoid all danger of hemorrhage.

In the course of over forty operations of this character, he has had no untoward result from the presence of the ligature.

For sewing up the abdominal incision he uses silk gut. Two small needles are put on each suture, one at either end. Each needle is then passed from within out, care being taken that the peritoneum is included well within the suture.

As a dressing for the wound, he employs simply a few layers of surgeon's lint soaked in carbolic acid and glycerine, 1 to 12; and over this is placed a package of absorbent cotton; the whole held in place by strips of adhesive plaster.

The giving of ice and cold water tends rather to increase thirst, so he gives instead an enema of a pint of warm water. Thus not only is the thirst allayed, but the blood is also not materially increased, and consequently the danger of hemorrhage is lessened. He checks the vomiting usually following the administration of ether, by two-drop doses of a four per cent. solution of hydrochlorate of cocaine every fifteen minutes or half hour.

A tendency to tympanites may generally be overcome by placing layers of cotton on the abdomen, and then tightly passing around the body strips of adhesive plaster. This keeps up the intra-abdominal pressure.

Infantile Colic.—When children complain of pain in the stomach, Dr. Atkinson says that a possible neuralgic character should be borne in mind. This is frequently not recognized. He advises an orange before breakfast for children, or for anyone suffering from loss of appetite. The acidity of the orange will often create a desire for more food.

Acid Indigestion.—With great acidity of the stomach, there is generally a burning pain along the line of the œsophagus. Patients frequently complain of "heart-burn," too. For digestive trouble in a girl of ten, from acidity, he gave:

℞ Spiriti ammoniæ aromatici.....ʒij
Sodii bicarbonatis.....ʒi
Syrupi.....ʒi
Aquæ.....ʒiij M.
Sig.—A dessertspoonful every 3 hours.

If there should be much pain in the stomach, he advised the mother to apply flannel wrung out of hot water.

Indigestion.—Girl of five; has lost much flesh in the last six weeks; has cough and general malaise; is in the habit of eating an apple and a banana for breakfast. Dr. Atkinson is strongly opposed to the banana diet. He cited a case in which severe convulsions followed the eating of two bananas by a child. With great difficulty it was brought through the attack. The loving father then repeated the dose, contrary to the strictest orders; and this time nothing could save the victim.

Bananas for children should be few and far between.

SOCIETY NOTES.

At the Philadelphia County Medical Society, Dr. L. Turnbull read a paper upon the treatment of otorrhœa.

By the use of cocaine, chloroform or morphine, pain is relieved; while the internal administration of aconite or antipyrin, with hot-foot-baths and local depletion, serve to check inflammation. The parts should be cleansed with a mild, warm, antiseptic wash, and, as a rule, all goes well.

For perforations, no agent has acted so promptly and well in his hands as very finely levigated boric acid, alone or with one-tenth part of iodol. If used alone, boric acid should be sterilized by heating before using, on a platina foil. The powder must be carried down to the perforation and through it. The diseased membrane should be fully covered by it, but not sealed.

Dr. Randall called attention to the great value of Eustachian inflation in these cases, in blowing out secretions, cleansing the cavity and preventing adhesions.

He thought that naso-pharyngeal disease usually precedes aural affections when the two co-exist.

Dr. Turnbull adverted to the danger of blowing unhealthy nasal secretions into the ear, unless the nose is cleared out before inflation is practised.

At the Clinical Society of Maryland, Dr. Herbert Harlan read a paper upon the use of eserine in corneal ulceration. In that troublesome form of ulceration of the cornea known to Baltimore oculists as "oyster shucker's corneitis," eserine had given very good results. Out of eighteen cases, eleven of which were of the variety mentioned, only one failed to improve under the remedy

The method of using the drug was to instil a solution containing one grain of sulphate of eserine in an ounce of water, into the affected eye, one, two, or three times a day. Improvement usually begins at once and is maintained until restoration of the cornea is complete.

In the same society Dr. Tiffany reported two cases of laparotomy for purulent peritonitis with one recovery. In neither of the cases was the exact cause of the inflammation ascertained.

At the Obstetrical Society, Dr. Joseph Price reported a case of typhoid fever following ovariotomy. The temperature after the operation remained about one degree above normal for nine days, when a rigor occurred, ushering in a typical typhoid fever, characterized by the temperature wave, stools and eruption.

The points of interest are, that the patient was probably in the preliminary stage of typhoid when the operation was performed; and that neither the fever nor the operation appeared to influence each other unfavorable.

Dr. Goodell exhibited a specimen of hæmato-salpinx, and another of fibro-cystic uterine tumor, weighing 33½ lbs.

Dr. H. A. Kelly spoke of the variety of hæmato-salpinx which contains much watery but bloody fluid, of unknown origin. This fluid he had found to be intensely poisonous, producing speedy and violent septic peritonitis. He also exhibited a knife-blade tenaculum (Fig.). Local depletion he considered a powerful adjuvant to other treatment. Chronic or recurring pelvic congestions, accompanied by great pain and discomfort, can often be tapped by a free depletion of the cervix. Many neurotic symptoms associated with a congested, puffy, blue, plethoric cervix, are also benefitted by depletion, together with the use of glycerole packs and tampons. No other method is as serviceable and speedy for laceration and eversion of the cervix, with infiltration of the lips. Many cases in which he formerly operated now recover perfectly when thus treated, and remain well if the uterus be properly supported. He abstracts from six to twelve drachms of blood every five to seven days, following the depletion by a glycerole or boric acid pack, which may be retained until the next depletion.

Dr. J. C. DaCosta approved of depletion, but took from four to six ounces of blood.

Dr. Goodell did not bleed so frequently as of old, believing that the importance of uterine congestion was overrated.

Dr. Parish endorsed Dr. Kelly's remarks. He had seen a perfect union of a lacerated cervix result, but no relief from the pain, etc. following.

Dr. Kelly exhibited a self-retaining speculum for the genu-pectoral position.

Dr. Baldy reported a case of hysterectomy followed in four months by ovariotomy, and in six weeks more by abdominal section for purulent peritonitis. Death ensued six days after the third operation.

Dr. Deaver reported a case of extra-uterine pregnancy, with obstruction of the bowel by membranous bands, and a foreign body in the sigmoid flexure. The patient died the next day.

Mr. Spangler, of the *Ledger*, gave a very interesting lecture at the Medico-Chirurgical Hospital, upon "The Isle of June." The hall was crowded to its utmost capacity. The lecture described a trip to Nassau, in the Bahamas, and was beautifully illustrated by stereopticon views.

DREAMS AND DIET.—I find that I can control my visions by dieting. If I wish to enjoy a calm night, I eat toast and milk before retiring. Squash-pie acts on the bumps of combativeness and acquisitiveness. The consumption of a squash-pie has led me to slay a man for his money within fifteen minutes after going to bed. To make my brain a chamber of horrors, I sit down an hour before bed-time and eat three sardines, six olives, a little Roquefort cheese with crackers, washing down with a bottle of Bass' ale. Before morning I charge single handed with my razor on herds of wild horses and jump from sundry steeples.

—*Buffalo Courier.*

TRANSLATIONS.

THE INFLUENCE OF MEDICINES ADMINISTERED TO A NURSING MOTHER ON THE CHILD.—Fehling gives the results of a series of researches on the influence of medicines administered to the mother on the nursing child. The results of his experiments are as follows: It is generally admitted that soluble matter may be passed through the circulation into the milk supply and thus affect the child. It remains, however, to establish whether ordinary medicinal doses can be administered without injury to the child at breast.

I. It is well known that sodii salicylas has a direct influence in increasing the quantity of milk secreted. It was found that it had no deleterious action on the child up to doses of 45 grs. each, and as the dose is generally under that quantity, its influence on the nursing child need not be considered.

II. The examination for potassium iodide revealed the fact that it takes longer for this medicine to be secreted by the kidney of a child than does sodii salicylas, while the secretion is more intensive in the milk by potass. iodid. In twenty-four hours after the administration of the latter, the milk showed traces of the drug. It may be administered in 3 gr. doses daily to the nurse without hurt to the child.

III. In the examination of the child's urine when potassii ferricyanidum had been given in as high as 30 gr. doses, negative results were obtained in every instance. The mother's urine, however, gave positive reactions to the tests for the drug. Hence, it appears that the mammæ, have, like other glands, a selective power for different medicines, absorbing greater quantities of one than of another.

IV. Iodoform gave the opposite result to potass. ferricyanidum, and demonstrated how small a quantity of the drug was sufficient to impregnate the system of the mother, and show itself in the urine of the child. In a case of contusion of the vulva, iodoform was simply powdered over the surface, shortly afterwards it was possible to detect iodine in the urine of the child that the woman was nursing; no ill results however, ensued. It is hardly probable, though possible, that the iodoform was broken up into iodine and its other components in the body of the mother. The writer has not noticed any evil results in his practice, arising from the direct application of iodoform in dressing the umbilical cord in infants, even when the dressings were allowed to remain eight days or longer. From this fact, he is led to infer that infants are less liable to present an iodoform idiosyncrasy than adults.

V. His experiments with mercury showed that the quantity that passed into the milk varied very greatly, and in the most marked cases the quantity was very small, nevertheless, by long-continued use it will pass over sufficiently to have a marked therapeutic action on the child when administered to the mother in large doses.

VI. The studies of the writer regarding the influence of the various foods partaken of by the mother on the infant at breast, serves to break down the prejudices which affect not only the common people but many practitioners as well. How often do we hear it said, that the mother must not use acid foods, salads and the like! Fehling experimented with citric, muriatic and acetic acids. It was impossible to determine as to the direct passage of the acids through the milk, nevertheless, the derangement of the child's health could be determined. In each instance when the child was well in the beginning of the experiment, no deleterious effect could be observed. The child remained quiet, the secretions normal, and the previous and following examinations of the milk gave an alkaline reaction. It will be seen from these experiments, that when an otherwise healthy mother has safely passed through child-bed and is up and around her ordinary occupations, she may partake of sour foods if she so desires, without fear of injury to the child.

VII. Of the greatest importance, however, for the practitioner are Fehling's experiments regarding the influence of narcotics upon the nursing child. Tinct. opii simplicis when administered in 15 to 20 ♏ doses, had no apparent effect on the child. Hypodermatic injections of morphia sulp. of as

much as $\frac{1}{3}$ of a grain were administered without any deleterious effect upon the child. In some instances the child would sleep from four to five hours, but in the majority of cases no evil results were obtained whatever.

VIII. The results of his observation on chloral in doses of 25 to 45 grains, in most instances gave only the slightest indication of any action on the child. In one case, considerable restlessness resulted, in another somewhat prolonged sleep. If an interval of from one and a half to two hours is allowed to elapse after the first dose, then the drug may again be administered in similar quantity without injury. One may in practice, administer continuously the ordinary dose without fear, being careful to allow a considerable time to elapse between the doses, although not over two hours should intervene.

IX. Atropia, on the other hand, as has been previously observed by Preyer, passes very quickly through the mother's circulation and affects the child almost simultaneously. This has been observed where a one per cent. solution was hypodermatically administered. In the use of this drug, even as with opium, morphia and chloral, it is necessary to understand the idiosyncrasies of different individuals, and use the greatest care to avoid the cumulative effect of the drug.—*Berlin Woch.*

A Case of Mammary Cancer Treated by Inoculation with Erysipelas.—Axel Holst reports (*Centralblatt für Bakteriologie und Parasitenkunde*, Number 13, 1888) the following: A woman, forty years of age, otherwise in good health and well-nourished, had a scirrhus of the right breast one year ago which was then extirpated. A few months later the cicatrix became nodulated, and ulceration (skin cancer) appeared. In August, 1887, almost the entire surface of the right side of the chest, from the clavicle to the borders of the ribs and from the sternum to the posterior axillary line was involved, and the glands over the clavicle were large and hard, the axillary glands could not be felt through the infiltrated granulating tissue which here and there formed distinct tumors. As an ultimate resource the patient was inoculated with a culture of the erysipelatous coccus (the fifteenth generation from a case of erysipelas of the legs, obtained $19\frac{1}{2}$ months previously); a second inoculation was required before a result was obtained. Twenty-one hours after the last injection, the patient had a chill, and shortly afterward, an erysipelatous blush appeared around the ulcer and soon spread to the arm which presented the typical appearances of erysipelas. Seven days after the inoculation there was a sudden fall of the temperature, and the patient rapidly improved.

The result within the first ten months and a half was very striking; the upper surface began to cicatrize, the infiltration was much reduced, so that the disease appeared to be more superficial than before and the entire growth seemed to contract. The arm, however, remained swollen, and did not entirely recover from the erysipelas. Three months later, the skin again began to break down, the glands were enlarged, and the left breast became involved. The general health rapidly declined, and her strength was materially reduced.

While the ultimate result in this case was not encouraging, the reaction from the inoculation was accompanied by a period of inactivity of the cancer-growth during which repair took place. The immediate effect was very suggestive. In a case reported some years ago by Neelsen (*Centralblatt, für Chirurgie* 44, 84), rapid *increase* of the mammary cancer occurred after accidental inoculation with erysipelas.

Due Precaution. — Quite a little bustle has been made by the newspapers because a certain physician, who was recently summoned to appear in a court in New Jersey, refused to kiss a very dirty-looking Bible, which was presented to his lips in the administration of the oath. The episode occasioned a stir in court, and the physician in question was obliged to set aside his feelings to comply with the legal requirements.—*Medical Register.*

[We meet this difficulty by opening the book and kissing the open pages instead of the cover.]

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, MAY 15, 1888.

EDITORIAL.

HIGH LICENSE.

WHAT effect the working of the license law will have upon the morals of the community, and per consequence, upon its health, remains to be seen. That it will inure for good can scarcely be doubted. Every additional bar is another incentive to drink; while each adds to the possibilities of lust, brawling and crime. There will be more disreputable saloons among seven thousand than among seven hundred; especially when the amount of the license money to be forfeited by misconduct is large enough to make respectability highly desirable. Greater care will assuredly be exercised in preventing minors and inebriates from obtaining liquor when the penalty is so serious.

It is fortunate for the city that she possesses an Executive who is both fearless and energetic in the enforcement of the laws.

But not the least of the benefits of the high license law accrues to the barkeepers themselves. From personal observation we know that many laboring men have drifted into the liquor business as follows: A little money has been saved, and the wife, anxious to make her rent, and allured by the apparent profit, starts a beer-saloon; while the husband works at his trade. Some day the latter is sick, or out of work, or tired, and he stays at home to attend bar. The sick or lazy days becomes more frequent; and as his presence stimulates the sale of beer, the man finally gives up all pretence of work, and relies wholly upon his bar.

Throughout the city, numbers of these men are making preparations to give up their saloons and to return to their former occupations. In spite of the apparent profit in beer-selling, elusive as fairy gold, the financial results of steady application to mechanical pursuits will prove greater in the end; while the moral improvement of the man and his family will be even more manifest.

DOSIMETRY.

A new prophet has arisen and his name is Burggraeve. He is said to be an Emeritus Professor of the erstwhile turbulent city of Ghent, and has a long string of grandiose titles besides. The system has adherents in several countries, and in America has attained the dignity of a monthly journal. In a single number of this publication we read of the jugulation of chronic dysentery, double pneumonia, tetanus, pulmonary tuberculosis, chronic enteritis, typhoid fever, cystalgia, and whooping-cough. Not simply curing these formidable affections but absolutely *jugulating* them; relentlessly seizing them by the throat and choking the life out of these enemies of mankind.

We wish we could jugulate pulmonary tuberculosis. We have longed, oh so earnestly, that we could hold in our hands the divine power to throttle this terrible foe. But we can't do it. We are forced to content ourselves with waging a guerilla warfare against it, seeking to delay its march when we cannot beat it back. But Dr. Ulysses Braga does it, by giving one granule each, of hyoscyamine, strychnine, morphine and arseniate of iron, ten times daily, with a teaspoonful of Seidlitz-Chanteaud every morning!

Briefly speaking, the system of dosimetry consists in the administration of the active principles of plants, and such chemicals as are active in small doses.

They are given in dosimetric granules, which are put up in little glass tubes, each containing ten granules. They are prepared only by Chanteaud, of Paris.

The idea of specific medication, the use of a single remedy for each condition or group of symptoms, seems to underlie the system of Burggraeve, as it does those of Scudder and Hahnemann. In some respects this is of value; and the adoption of such a principle would greatly improve the therapeutics of many physicians, who still use the "shot-gun" method. For instance, we note that a certain practitioner, whose name shall be unuttered, has deserted the "old school," for dosimetry. This gentleman, who was never a regular physician, placed upon record in a St. Louis journal a case in which he used, externally and internally, forty-seven different remedies at one and the same time; and yet the patient recovered. Truly, the endurance of the human system is amazing; and the physician has done well in exchanging such poly-pharmacy for dosimetry.

But this idea is far from being strictly carried out by the disciples of the new cult, for we noted recently a case in which a patient died after taking over 200 granules of several sorts in one day. This was too much jugulation.

We have procured some of these medicines, and have given them a trial. They appear to be fairly active, the effects corresponding with what would be expected from the doses as given. We have found no special effects in Chanteaud's granules which render them different from those of any other reputable manufacturer. Between the granules and tablet triturates the only difference is in the novel way in which the former are put up. The ladies admire the 'cute little tubes; and for those to whose therapeutical resources this would be a tangible addition, we would recommend the granules.

Neither the remedies themselves, their doses, or the uses to which they are put, show any novelty; and the adoption of dosimetry is consequently the limitation of one's practice to the use of the goods produced by Chanteaud. We do not consider this a sufficient foundation for a new system of medicine; though it would undoubtedly prove lucrative to Chanteaud. W. F. W.

THE RECOGNITION OF HUMAN BLOOD STAINS.

THE subject of the possibility of absolutely distinguishing the blood of man from that of other animals, which is under any circumstances a matter of great interest, but in medical jurisprudence oftentime a question of vital importance, has been recently rather warmly discussed in medical circles in this city. The discussion was revived by the newspaper report of the testimony of the medical expert in a recent trial for murder in this State; in which the testimony was given unequivocally that certain blood stains were from a human source and that human blood corpuscles often could be restored so that an expert could recognize them and absolutely distinguish them from all other blood.

Dr. Formad, the expert referred to, in a very interesting communication to the College of Physicians of Philadelphia, at its last meeting (May 27,) explained his statement, and claimed that he had been misrepresented, in that the whole of his reply was not given by the reporter. The results of his investigations, extending over a series of years, are summarized very briefly as follows:

1. It is impossible to state with perfect assurance, that the blood of man can be distinguished from that of some wild animals, such as the capybara and

opossum although careful measurements will afford means for a probable diagnosis.

2. It is possible to positively distinguish between human blood and that derived from ordinary domestic animals.

3. Therefore, when as in most cases the expert is called upon to answer the question "Does this stain, which is admitted to be blood, come from a man or from any domestic animal?" he can say, "If it must be one of the two, then it is human." The lecturer uses a 35 per cent. solution of potassium hydrate to float the corpuscles, in old stains and adopts the usual methods of measurement and mounting. F. W.

ANOTHER CASE OF APPARENT CURE OF CANCER OF THE STOMACH BY CUNDURANGO.

THE readers of the TIMES will remember the report of the remarkable results obtained by L. Riess in the Berlin Municipal Hospital with cundurango in gastric cancer.* In the *New Yorker Medizinische Presse* for April, Dr. Franz Foerster reports four cases presenting all the symptoms of cancer of the stomach which were treated with this drug. In two cases no favorable effect was noticed; in the third he believes that life was prolonged, while in the fourth case a positive and permanent cure resulted. The diagnosis must of course remain somewhat in doubt; but the symptoms and physical signs present were strongly indicative of the disease mentioned.

The treatment of gastric cancer is in general so entirely hopeless that any addition to our therapeutic resources, which promises even partial relief from the distressing symptoms, is deserving of a hearty welcome.

The testimony of all recent writers upon the subject is to the effect that cundurango is well borne in these cases; that it arrests vomiting, reduces the pain and stimulates digestion. With the added hope of producing a cure, an additional reason is presented to give the remedy a trial. Dr. Foerster used a fluid extract of the drug, given in half-drachm doses, with syrup, three times a day. G. H. R.

* PHILA. MED. TIMES, May 28, 1887.

NOTES FROM SPECIAL CORRESPONDENTS.

LETTER FROM PARIS.

WHOOPING-COUGH is perhaps the most contagious of all diseases, but it was not until last year that its special microbe was found by a Russian physician, Dr. Athanassieu. He states that they are very fine and short micro-organisms, and that a cultivation of what is called the "*bacilli tussis convulsivi*" will produce whooping-cough in young dogs. Be this as it may, this author concludes that the treatment of whooping-cough by inhalation and insufflation of medicinal substances is the most rational of all. We take this opportunity to give the methods in use here. Baréty in 1881 proposed to employ inhalations of spirits of turpentine. He uses two saucers half full of the turpentine, one of which is to be placed under the bed, and the other in a corner of the room, and the patient is allowed to sleep in this continuous vapor of the drug. This treatment met with considerable success and it is still in use here. Later, M. Moncorvo published a work admitting that the pathogenic microbe inhabits only the *upper* respiratory passages, and proposing to cure whooping-cough by painting the mucous membrane with a solution of resorcin. But this is pretty difficult to do in very young children. M. Mohn, last year stated that we have only to burn sulphur in a room at the rate of 25 grammes per cubic metre of space, for five hours; and then, having carefully disinfected the child, allow it to occupy the room and breathe the vapors that remain, after ventilation, and a cure will follow in twenty-four hours.

Certainly the remedy suggested is not difficult to try, and while it has not cured quite so quickly as the author says, it has succeeded in a number of cases. Paul speaks well of the method of keeping the room charged with the vapor of carbolic acid. A Richardson spray apparatus is used, in which a solution of four to five per cent. of carbolic acid is put, which is sprayed all over the room until about fifty to sixty grammes have been consumed; enough, in fact, to give a strong odor of carbolic acid on entering the chamber. Hydrochlorate of cocaine will cause local anæsthesia of the mucous membranes, and prevent to some extent the spasmodic cough, but it is not a cure. The following formula for a polybromide oftens succeeds in arresting whooping-cough.

℞ Potassii bromidi,
Potassii sodii.....
Potassii ammonii..āā.. 5 grammes
Syrupi aurantii flor...300 grammes
M. S.—Three to four teaspoonfuls a day.

Germain Sée uses the following powder:

℞
Powd. belladonna root...20 centigrammes.
Dovers powder..... 50 centigrammes.
Flower of sulphur (washed) 4 centigrammes.
White sugar q. s. .....
M. Divide in 20 packets and take one to two of them per day.

If there is insomnia use also a syrup of lactucarium. Others, again, believe that quinine is a true specific for whooping-cough, given with tannin, benzoin, etc., as follows:

R. Sulphate of quinine..... 2 grammes
Salicylate of bismuth,
Powdered benzoin....āā....10 grammes
M. SIG.—Use by insufflation into nose, and pharynx.

Legroux, of the Childrens' Hospital in Paris, uses a powder as follows:

Quinine hydrochlorate.....2 grammes
Powdered benzoin.....8 grammes
M. To be used in the same way as the last.

In fact it may be stated that most French physicians use a projection of some powder in these cases, either of pure quinine, or else mixed, one to three, with any of the following substances: Boric acid, tannin, salicylic acid, bi-carbonate of soda, benzoin, iodoform, or marble dust; and that this last form of medication combined with antisepsis is all that is now used in whooping-cough.

PULMONARY HYSTERIA.

Pulmonary hysteria is a form of that trouble which is described by Petit. An interesting case is given of a young woman of 21, who presented all the usual symptoms of pulmonary phthisis in the last stage, abundant hæmoptysis, cough, expectoration, wasting, anorexia, diarrhœa, and night sweats, but on careful auscultation only a few mucous rales could be heard, and the sputum did not contain any elastic fibres, or Koch's bacilli. After some time she was taken with a regular hysteric attack, which was followed by a return of her menses. For several months afterwards she had frequent attacks, during which time all her other symptoms mended, and finally disappeared, leaving her with the hysteria only. Several such cases having been noticed lately, an investigation was made, and quite a number were collected by Petit. He proposes to call the trouble "*Hystérie Pulmonaire*," as it will explain the symptoms and the cause from which they arise as well. It is a matter of importance to recognize this form of hysteria, as the treatment is quite different from that of tubercular cases.

PHENACETINE.

Phenacétine is the name given to a new product which is similar to antipyrine, and Dujardin-Beaumétz has been experimenting with it. It is called also *Para-lacet-phenetidin*. It is a white insoluble salt of a crystalline form, but still more insoluble than antifebrine. In fever cases it is given in doses of 30 centigram. A *durable* fall of temperature is produced, in which the new drug is superior to antipyrine.

DIABETES.

Speaking of antipyrine again, it may be well to mention that trial is now being actively made of its virtues in diabetes; doses of two to three grammes a day are used, and it seems to cause a diminution of urine and above all of the sugar eliminated. M. Paul says it should be given with bi-carbonate of soda, to prevent any stomach trouble. Huchard decribes the case of a patient that he has

been observing since February, who had a poloyuria to the great extent of 28 quarts of urine per day, which by the use of antipyrine has now been reduced to three quarts. A number of other cases are given where both urine and sugar were reduced. Germain Sée has been trying this for some months and will shortly report to the Academy of Medicine upon it. So far it is much too new to give a definite statement, but it may be spoken of and tried until we have further evidence. While upon the subject of diabetes, we may mention that saccharine is also being used in that disease with varying results. M. Worms finds that it causes all sorts of dyspeptic troubles, weight in the stomach, loss of appetite, &c., &c., but other good observers have not seen the aforesaid bad effects. There is a danger however to public health, and we who are well may suffer from the use of saccharine, owing to the fact that it is not an aliment, but simply passes through the economy without being transformed or assimilated. If the candy makers and infant food dealers get hold of it, it will be bad for us, to say nothing of the fact that when you take your cooling drink of soda-water next summer the flavor will not only be a snare but the sweetening a delusion; and in order to get some nourishment it may perhaps be well (?) to ask for the usual *stick* in the soda we drink.

DISPOSAL OF SEWAGE.

The question of the disposal of town sewage is again being discussed in Paris. The members of the council of public hygiene differ in regard to it, so that it is an unsolved problem as yet. The large plains of Gennevilliers, outside of the city, have been used for over seventeen years to distribute the sewer fluids upon, and the system has met with great success, the vegetables grown there being of exceptional size. There is something, however, to say in regard to the quality, which is claimed not to be so good as that of the same plants grown on other soil. The operation is not a simple filtering of the water thrown on the land; it requires ground thick enough to allow the sewage water put upon it to pass away very slowly, and to allow enough oxygen to enter it to destroy the micro-organisms that may be in it. The drainage must also be perfect. We were shown samples of water taken from the sewers in the centre of Paris, and then of that taken from the drains after the sewage water had been put on the plain of Gennevilliers, *and this last was as pure as spring water* in appearance. Chemical and bacteriological tests prove also that it is free from all microbes, and much purer than river water.

Proust, who is Professor of Hygiene at the Paris faculty, has induced the government to open a *Museum of Hygiene* in the new buildings belonging to the faculty. We attended the inauguration last week, and Proust showed plans and drawings of the water works and samples of the products of such lands. The Museum also contains samples, erected and in working order, of most of the hygienic apparatus known to science. A series of well-built water-closets show the best methods in use.

But to return to the irrigation system of sewage, the city does not own one-third of the land used, as the farmers about are only too glad to receive the sewage. Owing to insufficient drainage, at first there was a good deal of intermittent fever; but for some years back, although the population has tripled, and the lands used increased, there has been no sign of fever. The value of this form of manuring is estimated at forty millions of francs. The same system is used in Berlin, with success. The great importance of such questions in our fast-growing cities makes us allude to this matter. There is no doubt that many of our diseases are carried about and produced by sewage water or the active principles contained in it. Quite a large majority of our hygienists approve the above plan for its practical value, and a new addition to the system at Ascheres was approved of by a vote of twenty-four to seven. Others, however, think that everything should be allowed to go into the sewers and be conducted by large canals to the sea; or at least on to lands that are not used for agriculture. M. Pasteur, while willing to admit that earth is an excellent filter, fears that there may be a con-

tinued accumulation of germs from this system; and as some of them are not destroyed by oxidation, such as the germ of septicæmia, etc., he did not approve of the project. Certainly, if we could be sure of placing even the microbes of typhoid fever, diphtheria, scarlatina, etc., out of reach of us, it would be well; but we are not sure of doing so. If we could, most of our diseases would disappear, for the old idea of spontaneous generation must be now abandoned by everybody, as a chimera. Certainly, all contagious and virulent diseases are shown to come from the presence and development of microscopical organisms, and if we had a sure means of destroying them the diseases would be kept in abeyance, and would finally no longer be seen on the face of the earth. But, says M. Pasteur, it would be better in our present state of knowledge to throw sewage into the sea rather than to accumulate it on lands. Proust, however, puts forward the fact that during the cholera here two years ago, none was seen at Gennevilliers; and the sanitary state of that village is better than that of any other for miles around Paris, which often has epidemics that do not come to Gennevilliers. The end was a victory for the irrigation plan, partly owing to the great cost of making canals to sea from Paris, owing to the distance.

ASSISTANCE FOR DROWNING PERSONS.

A rather curious statistic is given lately, which gives an idea of Parisian life. It is in regard to medical and other assistance given to drowning persons, as well as to others who may have met with a street accident. Notwithstanding that the banks of the river Seine are mostly high and walled in, still 313 persons managed to get into it during 1887, and 921 had medical attention at police offices in town, after various accidents. Among the 313 who got into the river, 175 threw themselves in, 91 fell in by accident, and 50 because they were drunk. Of the whole number *298 were saved*, and only 11 could not be brought to life again; the other 4 were found drowned. This excellent result was obtained by having little frame saving stations all along the banks of the river, with men and boats ready to save people, and telephones to call a doctor—an idea that might commend itself to some American cities.

ANTIPYRINE IN GONORRHŒA.

The following solution is another proof of the extent to which antipyrine is invading medical practice. It has had great success in gonorrhœa, both in the acute and chronic forms:

℞ Dist. rose water, Dist. cherry laurel water āā 100 grms.
Sulphate of zinc.....50 centigrams.
Antipyrine ..... 5 grammes.
M. S.—Inject two or three times a day, as usual.

THOMAS LINN, M.D.

ABSTRACTS AND NEW REMEDIES.

THE SOCRATIC METHOD IN CLINICAL TEACHING.—Socrates taught by interrogation, by probing the knowledge or the ignorance of his hearers, by suggesting difficulties and inconsistencies, and by hinting rather than elaborating the conclusions towards which his mind was impelled by the evidence at his command. We need not stop to point out how superior in persuasive power such a mode of reasoning is to the dogmatic method, which relies for acquiescence mainly upon the authority of the teacher. In the former case truth instils itself into the intellectual nature and acts like a silent but mighty leaven, whereas it is a very general characteristic of the human mind to resent dogmatism as an insult to the intelligence. Of the "glorious gains" of the long ages of human progress, few are so precious as the wide recognition of the great principle that truth may safely be allowed to win its way by its own inherent force, and that it needs not to be bolstered up by authority or precedent, but claims simply a fair field for development and progress. The "Socratic method" has been a favorite with teachers of all ages, and it has proved of immense value in clinical instruction.

A favorite method much employed by the most distinguished members of the profession is the following: A class of students having been grouped round the patient's bed, one is selected and allowed a few minutes to make an ex-

amination and form his conclusions regarding the nature of the disease. He is then questioned, and his answers form the basis of the instruction conveyed to his fellows. If his answers be correct and his conclusions just, the teacher amplifies and emphasizes them. If he has hastily rushed to a premature conclusion, a series of careful questions leads him gradually to see the inadequacy of the grounds upon which it has been based. If he has overlooked any important symptom, the interrogations are so framed as to direct his attention to the affected organ, and to induce him to note the symptoms himself, rather than to announce it plainly to him. This method, in the hands of a master, is beyond question one of the most powerful means of intellectual stimulation at our command. It has the double advantage of conveying instruction in a very impressive form to one individual, and of enabling others to profit alike by his knowledge and his ignorance.—*The Lancet.*

Sulphur in Sciatica.—Duchesne recommends enveloping the affected limb in a coating of sulphur, spread on flannel.—*Jour. de Med. Paris.*

Sterilized Food for Infants.—It is a curious fact that while all older people are chiefly fed on sterilized (cooked) food, infants are fed on food peculiarly adapted, by its composition and fluid state, to offer a home to bacteria.

In treating some cases of summer diarrhœa, directions were given that all milk used for infants should at once, on receipt, be steamed. After this it was kept covered and on ice if possible. The result was that the little patients began to pick up, and were soon well.

The ordinary milk supply of a large city is a day or more old, slightly acid, and contains many growing bacteria.

Fresh milk sterilized, or collected sterile and protected from organisms, undergoes no changes, even after the lapse of indefinite periods, except the separation of the fats. If bacteria are present, a great variety of changes may occur. As milk affords such a fine medium for growth, all efforts to rid it of bacteria must be governed by the use of poisons—germicides—or some physical condition inimical to their life.

The first method is not admissible in foods, while the other offers little chance of success except by heat. Cold retards their growth, but does not kill. Boiling is undesirable, but steaming produces but slight changes in the milk, and is efficient.

—*Amer. Journal Med. Sci.*

[A number of experiments are detailed, showing that when milk has been steamed for fifteen minutes, the development of bacterial colonies is almost or entirely prevented. A convenient apparatus for thus sterilizing milk is a desirable subject for inventive talent to grapple with.]

Treatment of Copperhead Bites.—In *Gaillard's Medical Journal*, Sharp discusses the symptoms and treatment of copperhead bites. The author concludes that the bites of this reptile in West Virginia are rarely fatal; whatever they may be in other States. His views on treatment are summarized as follows:

At first a bandage around the limb, not kept on over an hour, free scarification of the injured part, and washing in cold water; then the application of some cooling lotion to combat local inflammation. If there is much constitutional disturbance, prostration, etc., give whiskey, or carbonate of ammonia in such doses as the severity of the case demands, with morphine, or better still, morphia and atropia combined to relieve the pain. I suggest the atropia because of its stimulating effect on the heart. Except in cases of the greatest severity, it is unnecessary to use injections of aqua ammonia or permanganate of potassa, nor is it necessary to lay open the wound and use severe caustics, as these remedies will add to the succeeding inflammation.

Cerebral Symptoms in the Pneumonia of Children.—In the *N. Y. Med. Record*, L. Emmett Holt draws the following conclusions:

1. Cerebral symptoms in the pneumonia of children are very common.

2. Convulsions belong almost without exception to infancy, being rarely met with after two years. Occurring at the onset, they belong essentially to lobar pneumonia; they do not indicate a bad prognosis, nor even, in most

cases, a severe attack. When late convulsions come on, death within twenty-four hours may confidently be predicted.

3. Delirium comes oftenest between the ages of five and eight, usually in conjunction with extensive disease and high temperature. These cases, although severe, with but few exceptions recover.

4. There is no such intimate association between cerebral symptoms and apex disease as has been frequently stated. Such symptoms occur in only about one-fifth of the apex cases.

5. Nervous symptoms occur much more frequently (one-third of the cases) when the disease is extensive and the temperature very high.

It was not my purpose to enter into the subject of the treatment of these symptoms in pneumonia, as I have nothing new to contribute. I wish to emphasize two points which my experience has taught me. The first is that in hyperpyrexia the cold pack is safe, and the most efficient means to reduce the temperature and thus abate the brain-symptons dependent upon it. The second is the use of antipyrin, not so much for reducing very high temperature—for I think the cold packs are safer than very large doses and altogether more satisfactory—but to allay restlessness, quiet delirium and cough and promote sleep. For this purpose, doses of two or three grains are sufficient for an infant of from six to nine months, and double the dose at eighteen months or two years. The dose may be repeated every six or eight hours.

SHOULD PHYSICIANS PATENT INVENTIONS?—In the *N. Y. Med. Record*, Dr. E. C. Atkins writes:

What difference is there between a physician's holding a patent on an instrument and holding a copyright on a book? Are not both virtually patents? A copyright gives the author exclusive control over the publication of his book, and gives him a royalty on each copy published.

A patent gives the patentee exclusive control over the manufacture of his invention.

Where is the difference?

A book is the result of a man's brain; so is an instrument. Both are benefits to the profession. Both cost money to elaborate, and time and labor to perfect.

But do we give the book to the publisher and let him reap the profits? I pick up from my desk a book on "The Eye," by a noted specialist, and on a front page find "Copyrighted by so and so," and in italics "*All rights reserved.*" In other words, it is patented. But if it is an instrument that has cost years to perfect, we must not patent it; it would be unprofessional. "Oh, consistency, thou art a jewel!"

GIBBES' DOUBLE STAIN.—The use of Gibbes' double stain for the bacillus tuberculosis has been unsatisfactory to many. It should always be heated in a tube and poured into a watch-glass, and the prepared covers allowed to float on the hot stain for five minutes, then washed in methylic alcohol.
—*Progress.*

CONIUM.—In *The Practitioner*, WHITLA calls attention to the treatment of rectal pain by conium. He directs two ounces of succus conii to be evaporated down to one-tenth its bulk, at a heat below 150° F.; to this is added enough lanolin to make one ounce of a smooth ointment.

This, he recommends for local use in rectal cases characterized by pain and pruritus; such as fissures, fistulas, villous growths, ulcers, and hemorrhoids. These were markedly and quickly relieved by conium after nearly every other known remedy had failed.

The ointment should be freely applied inside the sphincter ani. He attributes the good effects to paralysis of the terminal filaments of the motor nerves distributed to the muscular coat of the bowel. Sensory paralysis is caused at the same time.

In vaginismus and in some painful conditions of the male urethra, relief is obtained from the use of the same ointment; which is also a good lubricant for sounds and catheters.

In fissure, Mr. Cripps recommends the addition to the above formula of ten or twelve grains of the persulphate of iron.

REVIEWS AND BOOK NOTICES.

THEINE IN THE TREATMENT OF NEURALGIA. By THOMAS J. MAYS, M. D., Professor of Diseases of the Chest in the Philadelphia Polyclinic. Published by P. Blakiston, Son & Co., Philadelphia, pp. 84, 12 mo., price, 50 cents.

The quaint binding and beautiful typography attract the eye to this little work. The subject is one of some interest, and if Dr. Mays be not mistaken as to the properties of theine, we have in it a valuable agent in the treatment of certain painful affections. The author cites a number of cases in which he and others made use of theine by injecting it hypodermically in the neighborhood of the affected nerve. Local and peripheric anæsthesia followed, with marked relief from the pain. Presumably, Dr. Mays was satisfied that the diagnosis was correct, but no data are given to show whether the cases were neuralgic, rheumatic, myalgic or of some other sort. All that can be said is that they were painful affections. It is to be regretted also that the author did not submit his new drug to a fair test by giving it alone; as the conjoint administration with such active agents as ammonium chloride and salicylic acid renders it doubtful to which the happy effect is attributable. The pathology of neuralgia is compressed into two little pages; but even in this limited space the author introduces three very questionable statements. Tender spots are not characteristic of all neuralgias, but rather the sequence of inveterate neuralgias; nor do they always mark the superficial exit of affected nerves. Few, if any, neurologists agree with Dr. Mays that "neuralgia is generally of malarial and sometimes of rheumatic origin." This tangle was so well unraveled by Anstie that there is no excuse for again causing the confusion.

The statement which makes trigeminal neuralgia less frequent than six other varieties, when it probably outnumbers all others taken together, must surely be an oversight. We are confirmed in this view by some signs of carelessness in other parts of the work; such as the unintelligible sentence at the top of page 23; the misspelling of 'practising' on page 26; speaking of another case of locomotor ataxia (page 31), when none had been previously mentioned, etc.

The preliminary remarks, informing the reader that tea is derived from Thea Bohea, etc., might well have been omitted; conveying no information but what is well known to any readers the book may have.

The persistent advertising of a chemical manufacturer is also rather cloying.

With these few exceptions we can recommend the book as quite interesting, and if subsequent observations confirm the conclusions reached by Dr. Mays, he will have earned the credit of introducing to the profession an agent of decided value.

THE MEDICAL ANNUAL AND PRACTITIONER'S INDEX, 1888. Published by John Wright & Co., England. 12mo, pp. 619.

THE YEAR-BOOK OF TREATMENT. Published by Lea Bros. & Co., pp. 336, 8vo.

This is a digest of the preceding year's work in therapeutics. American writings are drawn upon liberally. The book is of some value, and is pretty well compiled.

FIRST STEPS IN ELECTRICITY, DESIGNED FOR THE ENTERTAINMENT AND INSTRUCTION OF YOUNG PEOPLE AT HOME AND IN SCHOOL. By CHARLES BARNARD. 16mo, pp. 133. Charles E. Merrill & Co., New York, 1888.

No better little book has yet appeared for popular instruction, and any boy or girl ten years old can perform all the experiments. It is a good volume for the home library, and it will teach electrical knowledge easily and correctly.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. By JAMES TYSON, M. D. Sixth edition. Published by P. Blakiston, Son & Co., Philadelphia. pp. 253, 12mo. Price, $1.50.

A book which has reached its sixth edition has had its defects and merits too well canvassed to require extended comment. The author has made an earnest effort to bring the work down to the date of publication.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Third series, vol. ix. For sale by P. Blakiston, Son & Co., Philadelphia.

This contains 473 pages of historical matter and 200 pages of papers, which number seventeen.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY. Volume XII. 1887. Published by D. Appleton & Co. Contains nineteen articles.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS, 1887. Vol. II. Printed for the Association.

This volume falls far below the grade of those above named, many of the papers being of but ephemeral interest. The space given to the discussion of Bergeon's method reminds us of that already half forgotten craze. Dr. Atkinson's paper on typhoid fevers simulating remittent is especially commendable.

TRANSACTIONS OF THE ACADEMY OF MEDICINE IN IRELAND. Volume V. Fannin & Co., Grafton St., Dublin, 1887.

Comprises fifty-seven papers, on all branches of medicine.

THE PASSAGE OF AIR AND FÆCES FROM THE URETHRA. By HARRISON CRIPPS. London, J. & A. Churchill. pp. 80, 8vo.

The author has collated no less than sixty-three cases of this rare occurrence, including two in his own practice.

SKELETON NOTES UPON INORGANIC CHEMISTRY, PART I. NON-METALLIC ELEMENTS. BY P. DE P. RICKETTS, PH. D., AND S. H. RUSSELL, E. M. New York, 1887. John Wiley & Sons, 15 Astor Place.

A class-book for students to take notes of lectures, with sufficient outlines of the subjects to guide them.

HEALTH LESSONS, BY JEROME WALKER, M.D. D. Appleton & Co., N. Y., 1887. A text-book from which children may be taught the laws of hygiene.

PREMATURE BALDNESS. Published by A. R. Deacon, St. Louis, 1888. pp. 20.

An anonymous work by an alleged Englishman, who attributes the supposed unusual prevalence of baldness in America to the too frequent use of water to the scalp, and the arts of the hair-dresser.

THE THREE ETHICAL CODES. Published by The Illustrated Medical Journal Co., Detroit, Mich. Price, 50 cents.

PAMPHLETS.

THE PTOMAINES. L. Wolff, M.D., Phila.

THE INCREASE OF CANCER. J. T. Churchill, M. D., London. Price, one shilling.

THE PATHOLOGY OF HAY FEVER. S. S. Bishop, M.D., Chicago.

AN ASEPTIC ATMOSPHERE, ETC. D. Prince, M.D., Jacksonville, Ill.

THE PULLEY METHOD OF ADVANCING THE RECTUS. A. E. Prince, M. D., Jacksonville, Ill.

THE NEURAL AND PSYCHO-NEURAL FACTOR IN GYNAECIAC DISEASE, ETC. C. H. Hughes, M.D., St. Louis.

By a late Australian medical journal we learn that the university is considering the question of granting the degree of M. B. to those who pass the requisite examination, without having attended the lectures and other exercises of the college.

LETTERS TO THE EDITOR.

WHAT NEW YORKERS HAVE TO DRINK ON SUNDAYS.

MESSRS. EDITORS.—Herewith I furnish you a partial list of organic substances found in drinking water by microscopic examination.

EPHRAIM CUTTER, M.D., LL.D.
Broadway & 55th, New York,

MORPHOLOGY OF HYDRANT WATER.

1. Acineta tuberosa.
2. Actinophrys sol.
3. Amœba proteus.
4. Amœba radiosa.
5. Amœba verrucosa.
6. Anabaina subtularia.
7. Anguillula fluviatilis.
8. Ankistrodesmus falcatus.
9. Anurea longispinis.
10. Anurea monostylus.
11. Arcella mitrata.
12. Arcella vulgaris.
13. Argulus.

14. Arthrodesmus convergens.
15. Arthrodesmus divergens.
16. Astrionella formosa.
17. Bacteria.
18. Bosmina.
19. Botryococcus.
20. Branchippus stagnalis.
21. Castor.
22. Centropyxis.
23. Chetochilis.
24. Chilomonads.
25. Chlorococcus.
26. Chydorus.
27. Chytridium.
28. Clathrocystis aeruginosa.
29. Closterium didymotocum.
30. Closterium lunula.
31. Closterium moniliferum.
32. Coelastrum sphericum.
33. Cosmarium binoculatum.
34. Cyclops quadricornis.
35. Cyphroderia ampulla.
36. Cypris tristriata.
37. Daphnia pulex.
38. Diaptomas. New species.
39. Diaptomas castor.
40. Diatoma vulgaris.
41. Difflugia cratera.
42. Difflugia globosa.
43. Dinobryina sertularia.
44. Dinocharis pocillum.
45. Dirt.
46. Eggs of bryozoa.
47. Eggs of entomostraca.
48. Eggs of plumatella.
49. Eggs of polyp.
50. Enchylis pupa.
51. Eosphora aurita,
52. Epithelia, animal.
53. Epithelia, vegetable.
54. Euastrum.
55. Euglenia viridis.
56. Euglypha.
57. Eurycercus lamellatus.
58. Exuvia of some insect.
59. Feather barbs.
60. Feathers of butterfly.
61. Flosculsria.
62. Fragillaria.
63. Fungus, red water.
64. Gemiasma verdans.
65. Gomphospheria.
66. Gonium.
67. Gromia.
68. Humus.
69. Hyalosphenia tincta.
70. Hydra viridis.
71. Leptothrix.
72. Melosira.
73. Meresmopedia.
74. Monactina.
75. Monads.
76. Naviculæ.
77. Nitzschia.
78. Nostoc communis.
79. Oedogonium.
80. Oscillatoriaceæ.
81. Ovaries of entomostraca.
82. Pandorina morum.
83. Paramecium aurelium.
84. Pediastrum boryanum.
85. Pediastrum incisum.
86. Pediastrum perforatum.
87. Pediastrum pertusum.
88. Pediastrum quadratum.
89. Pelomyxa.
90. Penium.
91. Peredinium candelabrum.
92. Peredinium cinctum.
93. Plagiophrys.
94. Platiptera polyarthra.
95. Pleurosigma angulatum.
96. Plumatella.
97. Pollen of pine.
98. Polycoccus.
99. Polyhedra tetraetica.
100. Polyhedra triangularis.
101. Polyphema.
102. Protococcus.
103. Radiophrys alba.
104. Raphidium duplex.
105. Rotifer ascus.
106. Rotifer vulgaris.
107. Saprolegnia.
108. Scenedusmus acutus.
109. Scenedusmus obliquis.
110. Scenedusmus obtusum.
111. Scenedusmus quadricauda.
112. Sheath of tubelaria.
113. Silica.
114. Sphaerotheca spores.
115. Spicules of sponge.
116. Spirogyra.
117. Starch.
118. Staurastrum furcigerum.
119. Staurastrum gracile.
120. Staurogenum quadratum.
121. Surirella.
122. Synchoeta.
123. Synhedra.
124. Tabellaria.
125. Tetraspore.
126. Trachelomonas.
127. Trichodiscus.
128. Uvella.
129. Volvox globator.
130. Volvox, New species.
131. Vorticel.
132. Worm fluke.
133. Worm, two tailed.
134. Yeast.

[This reveals a state of affairs that fills the bosoms of the friends of temperance with dire foreboding. Apparently, the stuff furnished by the authorities, and purporting to be Croton water, contains everything under the sun except H_2O. We now understand why Jacob Sharp drank milk.—ED.]

NASAL POLYPI.

Editors MEDICAL TIMES:

If it is not asking too much, will you please give me your treatment for nasal polypi by the use of astringents.

Molino, Mo. J. J. WILSON.

[In a few cases I have injected a little chromic acid into mucous polypi; in one case I used a saturated solution of tannic acid, and in others carbolic acid. I think the last-named gave the most satisfactory results. From the use of astringents applied to the surface of the polypi, I have never obtained satisfactory results.—W. F. W.]

BRONCHIAL HEMORRHAGE FOLLOWING SEXUAL INTERCOURSE.

Editors MEDICAL TIMES:

I have a patient who has at four different times within the last two months expectorated pure blood from the lungs, in quantity from a teaspoonful to a tablespoonful. Each time it has occurred *immediately* after having intercourse with her husband, and seems to be as a result. She is in good health, menses regular, the mother of several children, the youngest about two years of age. She is about thirty-six years old, and has excellent family history; no hereditary disease. Have you ever

known of such a case? Is there any connection between the cohabitation and the hemorrhage? J. W. C.

[We have never heard of a similar occurrence. There are some facts, however, which may afford an explanation of this singular case. While attending a gentleman who had hemiplegia following apoplexy, he informed us that the first time he had intercourse after the stroke, at the moment of the orgasm the whole of the paralyzed side became intensely rigid and painful, giving him such a fright that it was long before he attempted the act again.

In another case a man who had performed the sexual act during the day, informed us that his wife saw his face become intensely congested, almost purple in fact, and he feared that apoplexy might result.

If a similar engorgement of the lungs occur during the orgasm, it would not be surprising if a little bronchial hemorrhage should occur, in a person who is liable to such hemorrhages from other causes. If the wife did not participate in the orgasm, this explanation would, of course, not be applicable.—W. F. W.]

MISCELLANY.

ODE TO PROF. D. HAYES AGNEW, M. D., LL.D., on the Fiftieth Anniversary of his Graduation in Medicine, April 6, 1888.

[The confusion, incident to some changes in the management of this Journal, caused the omission of this beautiful ode from our last number. Its reading was highly appreciated by the distinguished guest of the evening and his friends, and the sentiment of the poem found a response in every heart..—EDS. P. M. T.]

I.

The winter's whiteness glorifies thy brow,
The summer sunshine lingers on thy face,
Upon thy heart the years have left no trace,
Warm as it kindled first, we feel it now.
Here age and youth alike before thee bow,
Each rivals each with every kindly art,
To do such honor to thy head and heart
As friendly words and one brief hour allow.
Thy constant home is in the loving heart,
Still loved the most by those who know thee best,
As if the Truth had claimed thee for her own,
Thy honest soul disdains each doubtful art.
By such as thou, the world is richly blest,
For good men rise from high example shown.

II.

There are who stand aloft before men's eyes,
Like crumbling castles better seen afar,
Whose grandeur oft a nearer view would mar;
Such dire defect in seeming greatness lies.
The truly great beget no sad surprise:
Humble art thou and gracious to thy kind;
No loud pretence betrays the little mind,
No affectation weakness underlies.
Hippocrates and Galen—could they rise
From honored tombs and be with us to-day,
With kindred souls who speak the ages through,
The master-minds, the great, the good, the wise—
Glad would they crown thee with immortal bay,
Beloved by all, because to all so true!

III.

Transcendent Master in thy noble art!
In mortal throes and danger imminent
Thy skilled hand needs no other precedent.
Who, like to thee, can bid the pulses start,
Tears cease to flow and wasting fear depart?
When Garfield fell and horror filled the land,
A Nation breathed when thou didst show thy hand,
If not to heal, at least to soothe the smart.
Thou, too, art honored as a Teacher great!
Benign, as on a lofty mission bent,
No secret does thy candid bosom hold;
But free to all who on thy wisdom wait,
A thirst for knowledge and with high intent,
Thou dost the riches of thy lore unfold.

IV.

Though grudging Fate prescribe a narrow bound,
Though Genius does not kindle with its flame,
Or grant to scale the starry height of fame
To all; yet from thy higher ground,
How ready was thy big heart ever found,
At every lesser brother's call in need,
Giving on equal terms the kindest heed,
Though to thyself no vantage should redound!
No empty praises do we sing to thee:
Could weary hospitals thy goodness tell,
Could countless homes thy benefits unfold,
Glad from the skies would Love and Sympathy
With Earth's too sordid children straightway dwell,
Drawn by the story, if the half were told.

V.

In vain do these too hurried numbers tell
The peaceful triumphs of thy fifty years;
Vain our applause, vain friendship's holy tears
That all unbidden from our eyes upwell—

While lovingly we on thy virtues dwell—
Unless to us thy grand achievements give
Some quick'ning energy like thee to live,
And like to thee in living worth excel.
The evening shadows lengthen o'er thy way,
Around thee falls a mild and mellow light,
Surely from care thou needest some release:
Well mayst thou rest while yet the lingering ray
Of sunset splendor waits upon the night,
And earth and heaven and thy own soul
say, "Peace!"

THOMAS WISTAR.

THREE WISE MEN.—A bottle recently picked up on the coast of Ushant contained the following, supposed to be part of the log kept by the Three Wise Men of Gotham:

"I have an idea," said the Professor of the Culinary Art; whereupon he was earnestly urged to hold on to it, and not let it escape; as any sign of ideation on his part had heretofore been nonexistent. Accordingly, at the next meal the professor presented, as the outcome of the wandering Thought which had strayed into his cranium, his dishes in a condition of absolute plainness; while the salt, pepper and other condiments were each served in separate courses. "Behold," said the Wise One," we will eat first our meat and then swallow the pepper."

But they liked it not. Then the Second Wise One, the Purveyor of Amusements, proclaimed himself the possessor of a scintilla from the jewel of thought; but as he was always making such claims, which invariably turned out to be unsuccessful attempts to adapt bad notions of others to theatrical matters, nobody listened to him. Nevertheless he persisted, and the next play showed that all the comedian's parts were cut out from the body of the play and placed in a scene by themselves at the end. "Behold," said the Purveyor, "She who cometh to weep may indulge in her grief undisturbed by the antics of the low comedian and the soubrette; while he who wishes to laugh may go out and eat cloves till the farce begins, and will not be tempted to grow hilarious at the wrong time." But they liked it not; for both sad and gay united in a Yawn.

The Third Wise One said never a word. But when next his journal appeared, behold, he had collected together all the ancient and well moulded chestnuts which had long won celebrity as alleged jokes, and had arranged them in a special department; which out of pity for the feeble intellects of his readers he did label with the word "Fun." But whether they did like it or no we cannot say; as no reader has yet been known to advance thus far into his book without being overcome with somnolence.

For the cough of Emphysema and chronic bronchitis:

℞ Picis liq. purif.....gr. xxx
Pulv. ipecac. comp.....gr. xlv
Pulv. benzoin.....q. s.
M. et in pil. xl. div.
S.—Two to six daily.

—*Gueneau de Mussy.*

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE, FOR THE TWO WEEKS ENDED APRIL 21, 1888.

HUTTON, W. H. H., SURGEON.—To proceed to Biloxi, Miss., on special duty. April 21, 1888.

LONG, W. H., SURGEON.—Granted leave of absence for fourteen days. April 21, 1888.

SAWTELLE, H. W., SURGEON.—Granted leave of absence for seven days. April 21, 1888.

URQUHART, F. M., PASSED ASST. SURGEON.—Granted leave of absence for seven days. April 10, 1888. To assume temporary charge of Cape Charles Quarantine Station. April 17, 1888.

WHITE, J. K., PASSED ASST. SURGEON.—Relieved from quarantine duties at Sapelo Station. April 21, 1888.

WILLIAMS, L. L., PASSED ASST. SURGEON.—Relieved from duty at Marine Hospital, Boston, Mass., to assume charge of Cape Charles Quarantine Station. April 17, 1888.

BRATTON, W. D., PASSED ASST. SURGEON.—Relieved from duty at Marine Hospital, San Francisco, Cal., detailed as medical officer, Revenue Steamer "Bear," during summer cruise. April 19, 1888.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, FOR THE WEEK ENDING MAY 5, 1888.

MEDICAL INSPECTOR A. S. OBERLY.—Granted six months leave with permission to visit Europe.

MEDICAL DIRECTOR W. T. HORD, AND SURGEON T. WOOLVERTON.—Ordered as delegates to represent the Medical Department of the Navy at the meeting of the American Medical Association, May 8th, at Cincinnati, Ohio.

SURGEON GEORGE P. BRADLEY.—Ordered to Navy Yard, Brooklyn, N. Y., without delay.